

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1950

BY

W. M. FRAZER, O.B.E., M.D., Ch.B., M.Sc., D.P.H.,
Barrister-at-Law,

Medical Officer to the Education Authority

*(As submitted to the Education Committee,
24th September, 1951.)*

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AND HEALTH DEPARTMENT

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(*Retired 30.11.50*).

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(*To 30.11.50*).

A. M. BROWN, M.B., Ch.B., D.P.H. (*From 1.12.50*).

Whole-time Assistant School Medical Officers.

MURIEL C. ANDREWS, M.B., Ch.B.,
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M.R.C.S., L.R.C.P., D.P.H.
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A. M. BROWN, M.B., Ch.B.,
D.P.H. (*To 30.11.50*).

J. D. BRYAN, M.B., Ch.B., D.P.H.
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GRACE E. McCONKEY, M.B., Ch.B.,
B.A.O., D.C.H.

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B.A.O. (*Resigned 31.7.50*)

FLORA S. QUIN, M.B., Ch.B.

IRENE W. SIMPSON, M.B., Ch.B.,
D.P.H. (*Resigned 28.2.50*).

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Senior School Dental Officer.

T. H. PARSONS, L.D.S., R.C.S.(Eng.).

Whole-time Assistant School Dental Officers.

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*CATHERINE C. SLOAN, B.D.S.

(*Resigned* 31.1.50).

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W. F. WREN, B.D.S.

*Temporary Officer.

Part-time Assistant School Dental Officers.

J. A. BELL, L.D.S.

J. P. BLACOE, L.D.S.

ZILLAH A. FAIRHURST, L.D.S., R.C.S. (ENG). (*From* 16.1.50).

ELIZABETH S. FRANCIS, B.D.S. (*From* 13.2.50 *to* 28.7.50).

JOSE LEE, L.D.S. (*From* 14.11.50).

J. MAKINSON, B.A. (CANTAB), L.D.S. (*From* 26.6.50 *to* 1.9.50).

Whole-time Psychologist.

M. CHAZAN, B.A. (*From* 17.4.50).

Part-time Specialist Officers.

Oculists.

ERNEST ALLAN, M.B., Ch.B., D.O.M.S. (Also Visiting Oculist for Classes for Partially-sighted Children).

DAVID BLACK, M.B., Ch.B., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).

NORMAN DONALDSON, M.B., B.Ch., B.A.O., D.O.M.S.

NORA M. ENGLISH, M.B., Ch.B., B.A.O. D.O. (*From* 2.11.50).

JOHN N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.

JOHN MEYNELL, L.M.S.S.A., M.B., Ch.B. (*Resigned* 28.6.50).

Orthopaedic Surgeons.

H. G. A. ALMOND, M.R.C.S., L.R.C.P., M.B., Ch.B., M.Ch. (Orth.), F.R.C.S. (*From* 18.1.50).

F. C. DWYER, M.B., F.R.C.S., M.Ch. (Orth.).

R. ROAF, M.A., M.R.C.S., L.R.C.P., B.M., B.Ch., F.R.C.S.E., F.R.C.S., M.Ch. (Orth.).

Psychiatrist.

IVAN LEVESON, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

*Surgeon i/c of Aural Scheme and Aurist for Crown Street School
for the Deaf.*

COURTENAY YORKE, M.D., F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.

F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent: Miss M. SNODDON.

Supervisors { Miss W. K. POOLE.
Miss B. M. SPELLER.

Also:—47 Permanent nurses.

13 Temporary nurses.

2 Physiotherapists.

14 Clinic Helpers (including 11 part-time).

7 Dental Attendants.

Clerical.

Senior Administrative Assistant: Mr. C. CRESSWELL.

Also:—46 Clerks.



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CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1950.

Introduction.

The Medical Officer submits herewith his Report on the work of the School Health Service for the year 1950.

1. The work of the Department has continued along the general lines as described in my previous Reports. The main innovation in the Service during the year has been the carrying out of routine hearing tests by means of a gramophone audiometer upon all children of 8 years of age, as described in the Section "Ear, Nose and Throat Conditions". This should help very much in our efforts to prevent the disability of defective hearing.

2. Annually I have to record in my Reports retirements from the School Health Service Staff but this year it is with special regret that I have to report that of Dr. R. Gamlin, who retired in November, having been associated with the Department since 1920, and Chief Assistant School Medical Officer since 1923.

The development which has taken place in the Liverpool School Health Service during the past 25 years is a testimonial to his ability. Dr. Gamlin's wide knowledge, which was always kept most up-to-date, together with his administrative ability, resulted in his leaving upon his retirement what can be described as a model school health service.

The schemes for the investigation and treatment of ophthalmic, orthopaedic, aural and dental defects are outstanding, and that Dr. Gamlin's interest remained until the date of his retirement, is demonstrated by the fact that, during his last year in office, he inaugurated audiometric surveys whereby all children have an accurate estimation made of their hearing.

As the work of the Special Schools is closely associated with that of the School Health Service, Dr. Gamlin, as would be supposed, took a keen interest in all aspects of the work for handicapped pupils, and never has this interest been more manifest than was exemplified by his interest in the inauguration of the "Spastic Unit" at the Liverpool Children's Rest School of Recovery, Greenbank Lane, during the past two years.

3. The Medical Officer would like here to place on record his appreciation of Dr. Gamlin's contribution to the Liverpool School Health Service.

4. Other resignations included those of Dr. S. Howard and Mr. G. E. Nevins, L.D.S., both of whom have given long years of valuable service to the Department.

5. With the appointment of a full time Educational Psychologist early in the year the work of the Child Guidance Centre has greatly expanded. As recorded in the description of the work at the Aymestry Court Special School the work at the Centre and the care of the children in this School, are closely linked.

There is much misunderstanding in regard to the nature of child guidance treatment in that it is commonly assumed that these children are abnormal; this of course is not so. The types of children who benefit from child guidance treatment are those who have acquired behaviour characteristics which, if not modified, would probably in later life give

rise to anti-social conduct. The earlier treatment is commenced the more successful is the outcome and the conception that a behaviour problem only requires this type of treatment when a child is passing quite beyond the control of parents or teacher is entirely wrong. Anyone who has the opportunity to evaluate the work of the child guidance centre cannot help but be impressed by the degree of benefit derived by the children who are treated there.

6. Although in connection with the treatment of defective vision and dental defects the advent of the National Health Service has introduced serious difficulties, it is a pleasure to record on the other hand that co-operation with the hospital service has now reached a most desirable level. The Medical Officer would like here to record his appreciation of the ready help which is always forthcoming from the Hospital Almoners.

7. It is also gratifying to report the continuance of the ready co-operation which exists between both Consultants and General Practitioners and this Department.

8. From time to time comments are made which imply that the return from special educational treatment is not commensurate with the cost. A perusal of the reports of the head teachers of the various special schools contained in the Section "Handicapped Pupils" will do much to reveal the great value of these special schools.

9. At the end of the year, in order to replace the Moss Street clinic which was closed owing to war damage, a new clinic was opened at Harper Street. Treatment is also undertaken at this clinic for defective vision and aural defects. The former minor ailments clinic held at Northumberland Street Special School was also transferred to new premises in High Park Street.

10. The aim of the School Health Service being the improvement of the health of the Liverpool school children it follows that the quality of

the work of the doctors, dentists and nurses is of great importance, and the Medical Officer wishes to take this opportunity to thank the professional staff for the great interest which they maintained in the work.

11. It is obvious that without the able and conscientious lay staff the results achieved in this Department would be much less. During the past year the clerical staff has undergone many changes due to both the calling up of individuals for their National Service and by promotions to other Departments. In spite of these difficulties, by unstinted effort on the part of the office staff, the work has been carried out satisfactorily. It is, therefore, with pleasure that the Medical Officer expresses his thanks to them for their year's work.

12. The Medical Officer expresses his appreciation to the Director of Education for supplying many items incorporated in the body of this Report, particularly in connection with the work of the Special Schools, the Youth Employment Bureau, the School Meals Service, and the School Welfare Department.

General Condition.

13. In the Report for 1949 the difficulties of obtaining a uniformity of classification under the heading "General Condition" was fully discussed.

As will be seen from Table 1, it would appear from a comparison of the figures for 1948, 1949 and 1950 that this system of assessment is quite unreliable.

TABLE 1.

Year.	A (Good).	B (Fair).	C (Poor).
1947	74.60	24.15	1.25
1948	37.71	57.68	4.61
1949	33.5	64.0	2.5
1950	42.9	55.9	1.2

In order to investigate this matter further the results of each of the 19 doctors who took part in this classification were analysed and were as follows:—

Doctor.	Numbers Examined.	CLASSIFICATION.		
		A. %	B. %	C. %
1	2607	60.8	39.2	Nil
2	2707	74.2	25.7	0.1
3	3035	65.4	34.6	Nil
4	1096	6.1	93.9	Nil
5	1488	16.1	82.8	1.1
6	2730	29.8	66.4	3.8
7	2409	47.3	49.4	3.3
8	2550	45.2	53.4	1.4
9	684	78.4	20.9	0.7
10	3306	16.0	83.4	0.6
11	1885	32.3	65.2	2.5
12	2497	27.4	71.0	1.6
13	3037	52.0	47.4	0.6
14	1419	7.3	89.0	3.7
15	2714	41.4	55.1	3.5
16	3526	39.4	58.8	1.8
17	892	73.1	26.8	0.1
18	3545	6.7	93.0	0.3
19	4044	83.2	16.6	0.2

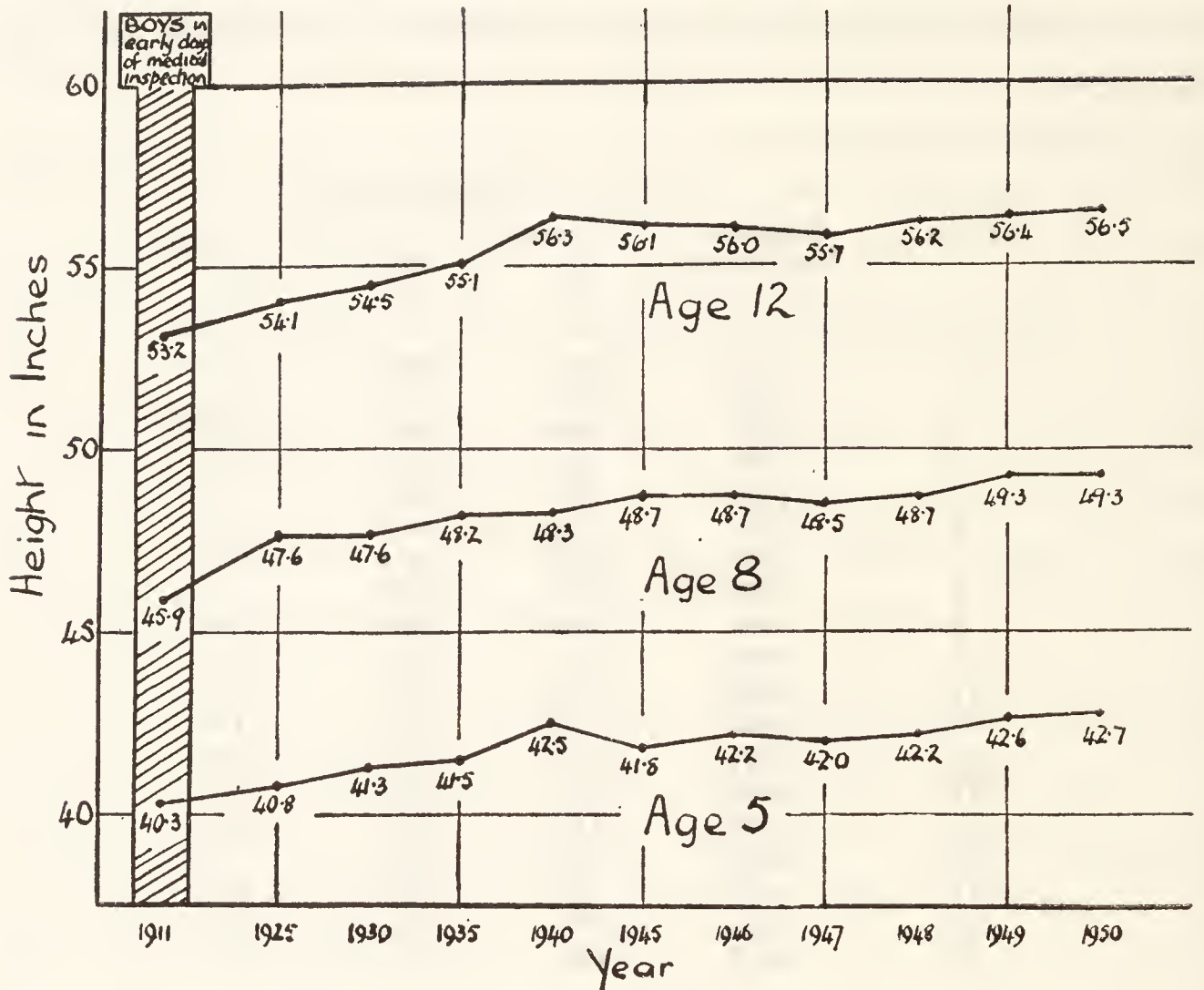
A study of these figures combined with discussions of the results with the doctors concerned clearly indicates that the main factor in this lack of consistency is the use of the words “good”, “fair”, and “poor”, when what is wanted could more exactly be described as “average”, “above average” and “below average”.

From experience amongst the doctors in Liverpool the new classification is certainly proving to be inferior to that which it replaced.

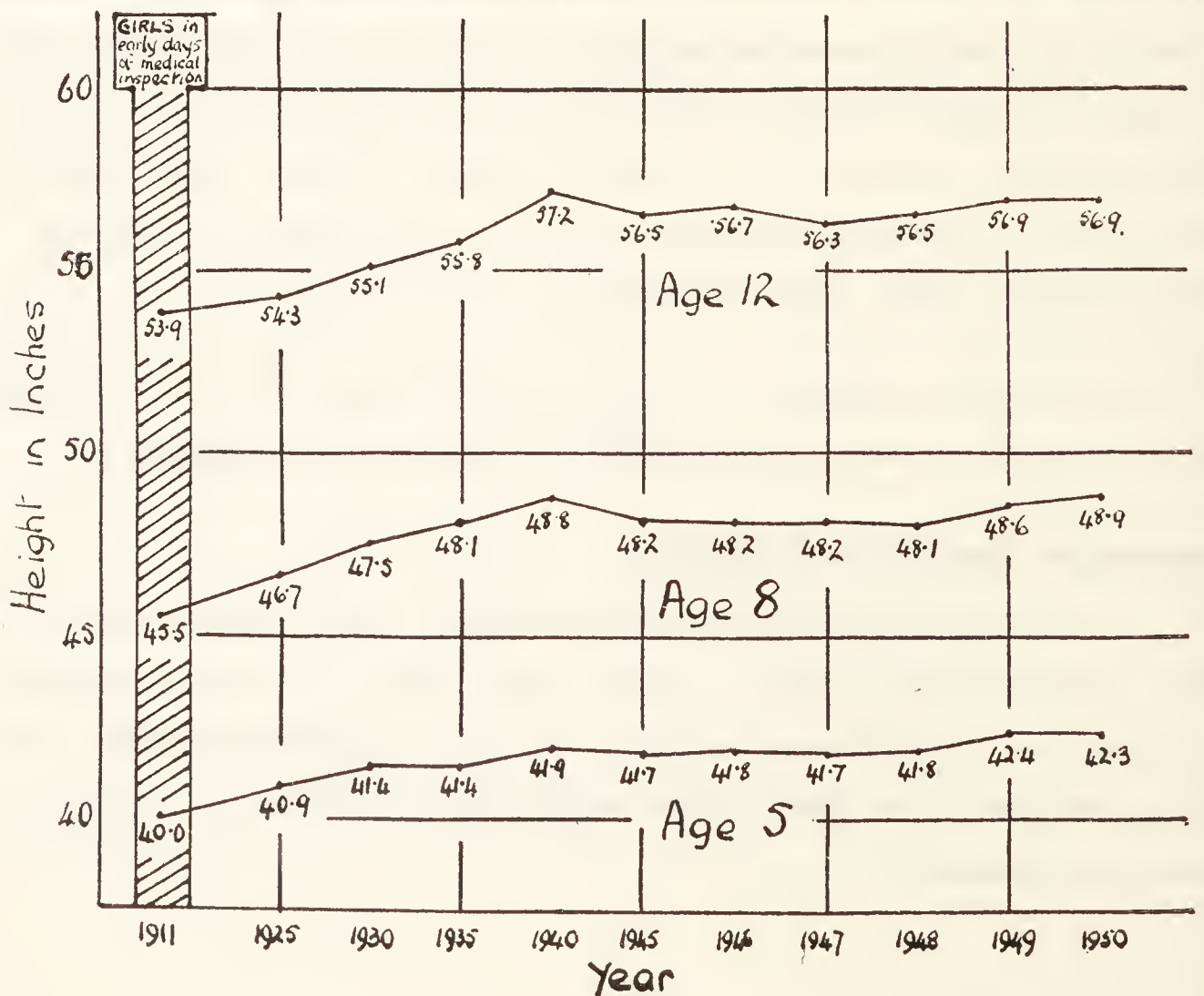
Comparative Heights and Weights.

14. The heights and weights of the children in the selected groups of schools representing “Good”, “Fair” and “Poor” districts in general continue their upward trend, as shown in the accompanying graphs. The average weights of all age groups reached a level in excess of any level previously attained.

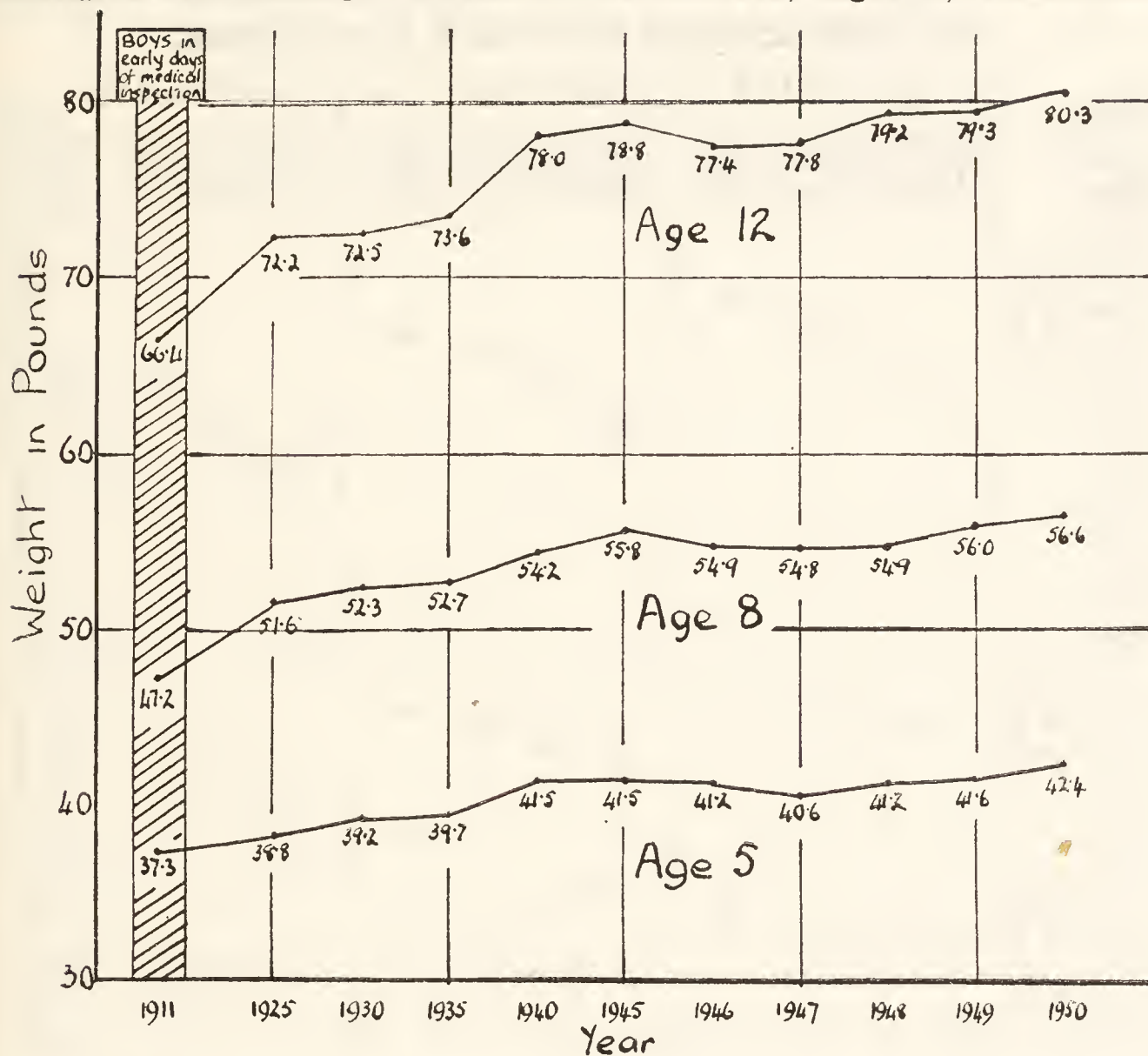
Comparative Average of HEIGHTS of BOYS, Ages 5, 8 and 12.



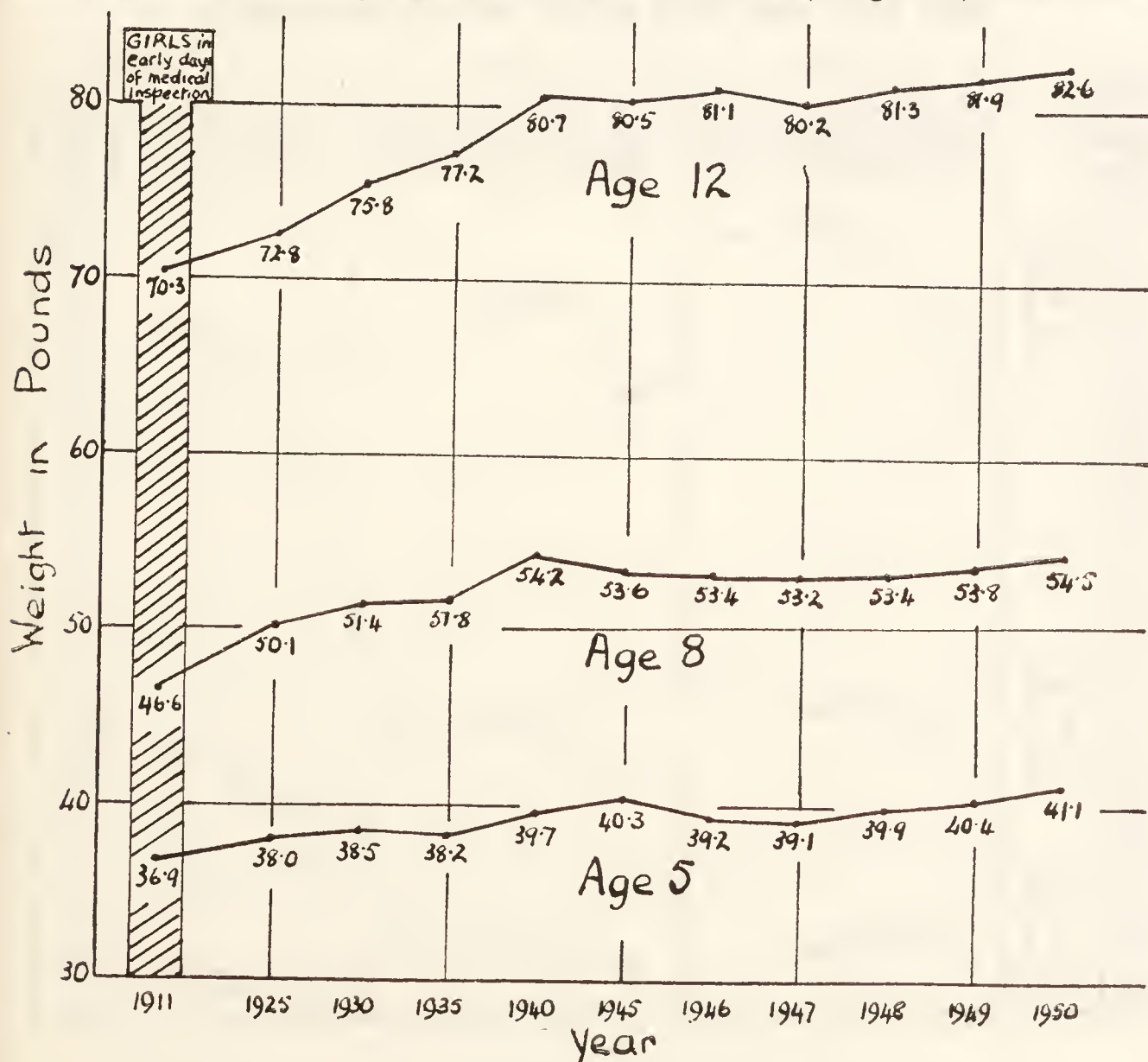
Comparative Average HEIGHTS of GIRLS, Ages 5, 8, and 12.



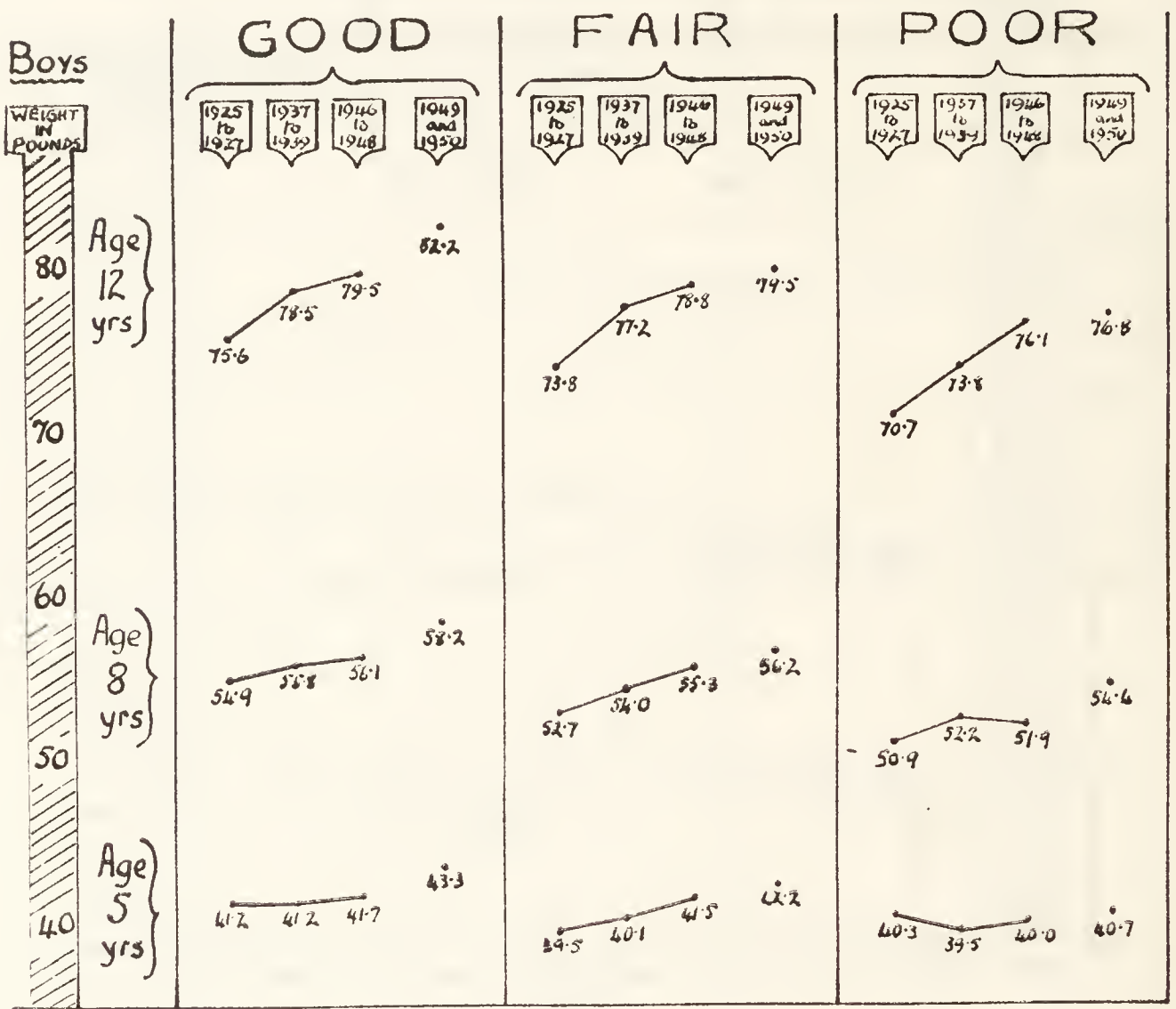
Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



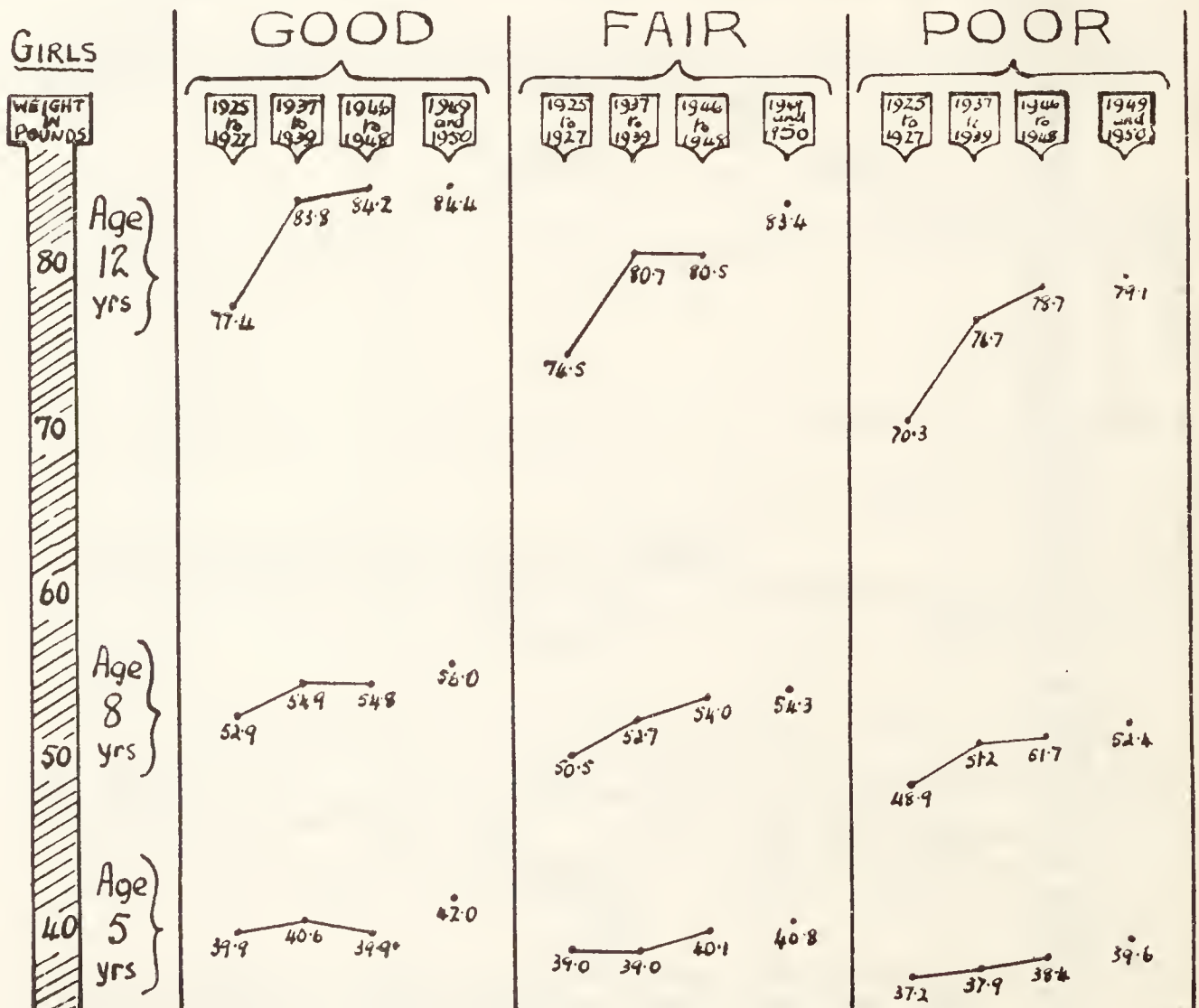
Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



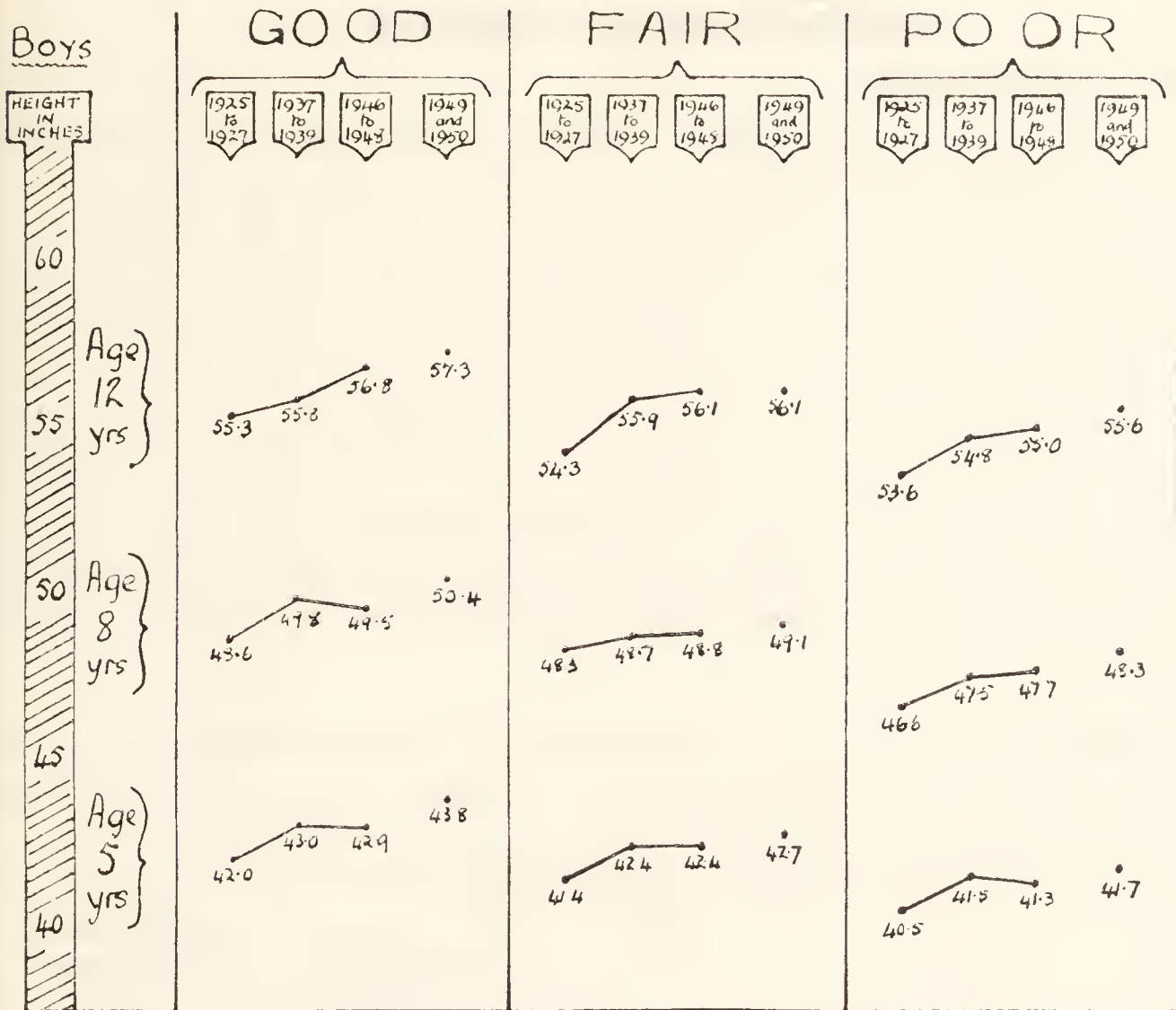
Comparative average **WEIGHTS** of **BOYS** in three 3-year periods with 1949 and 1950 shown as a 2-year period.



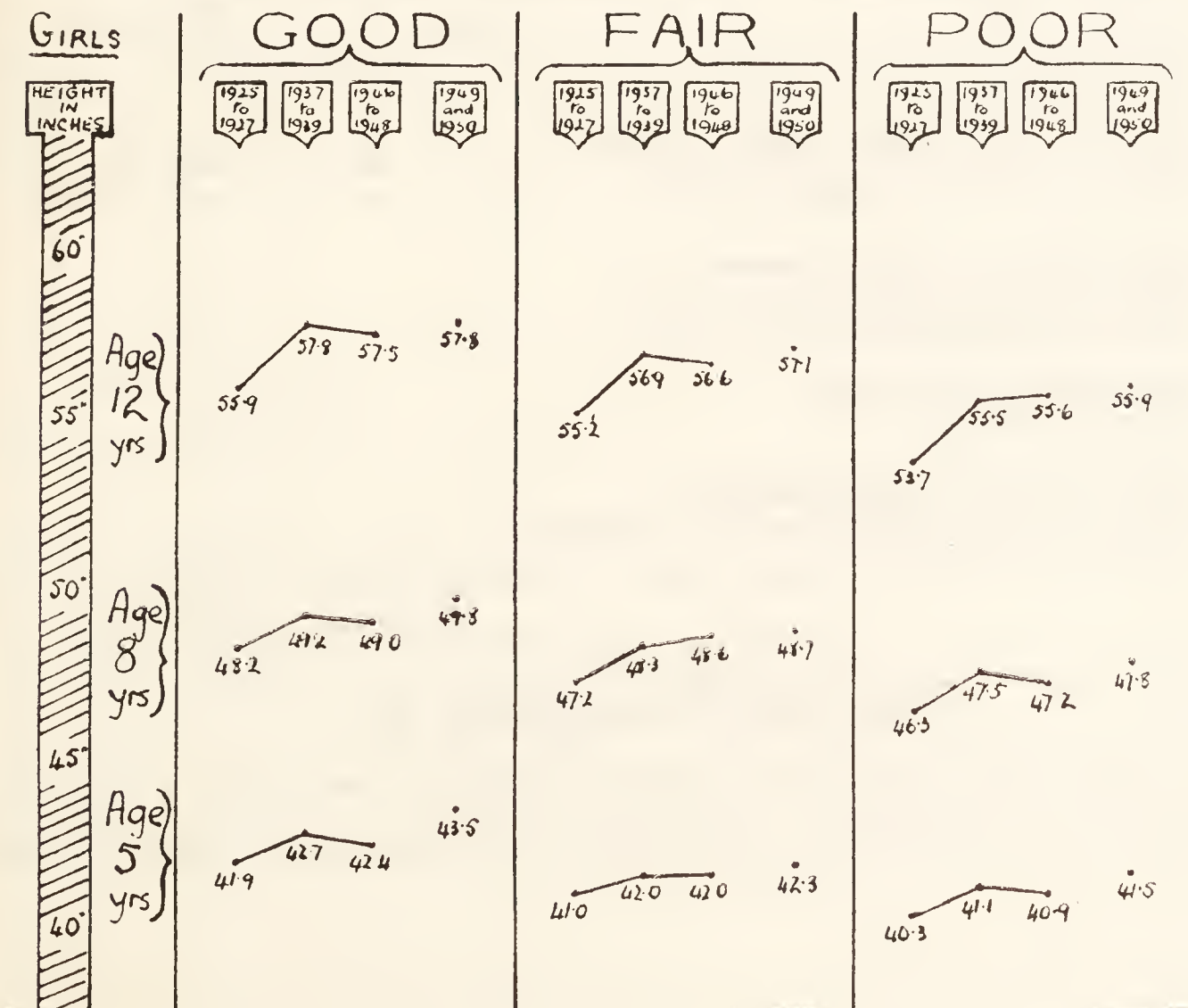
Comparative average **WEIGHTS** of **GIRLS** in three 3-year periods with 1949 and 1950 shown as a 2-year period.



Comparative Average HEIGHTS of BOYS in three 3-year periods with 1949 and 1950 shown as a 2-year period.



Comparative Average HEIGHTS of GIRLS in three 3-year periods with 1949 and 1950 shown as a 2-year period.



SCHOOL MEALS SERVICE.

Kitchens and Canteens.

15. In view of the additional cooking and dining facilities which became available to the Education Committee during the year, on the completion of projects which had been approved by the Ministry of Education before the School Meals Building Programme was suspended in October, 1949, it was found possible to close the Central Kitchen at Brookhouse Farm, Huyton, and four Dining Centres situated in areas where there was a surplus of dining accommodation. It was also possible to reduce the daily output of dinners from the Green Lane Central Kitchen, which had, for some years been producing meals considerably in excess of its capacity. The providing of dinners previously supplied from Brookhouse and Green Lane Kitchens was absorbed by other Kitchens.

16. Seven Kitchen/Dining Rooms and one Dining Room on or near the sites of schools, two Dining Rooms in schools and one Dining Room in rented premises were opened during the year as follows:—

	Capacity (No. of Meals daily).	Seating Accom. (2 Sitzings).
(a) Combined Kitchen/Dining Rooms (Huts) :		
Rudston Road County Primary School	500	276 (additional)
*St. Oswald's R.C. School	—	750
*Abingdon Road	—	750
*Kinglake Street	—	375
Alsop Secondary Grammar School	500	500
(b) Combined Kitchen/Dining Rooms in Schools :		
Joseph Williams County Primary School	480	480
*Cantril Farm County Primary School	—	250
(c) Dining Rooms in School Premises :		
Chatsworth Street County Primary School	—	280
Princes Park Secondary Modern School	—	150
(d) Dining Rooms only (Huts) :		
North Hill Street	—	480
(e) Dining Rooms in Rented Premises :		
Florence Institute, Mill Street, (for Wellington Road County School)	—	400
	1,480	4,691

* NOTE :—Kitchen opened January, 1951.

17. The balance of the School Meals Building Programme, previously approved by the Ministry of Education, includes one Central Kitchen

and five Kitchen/Dining Rooms, with a cooking capacity of 4,575 meals daily and seating accommodation for 2,255 children in two sittings, and work on the erection of these premises is now in progress. In addition, provision is being made for canteen facilities in new schools included in the Building Programmes for Primary and Secondary Modern Schools, and it is not anticipated that there will be any difficulty in providing all the meals required during the year 1951.

Number of Dinners Served.

18. The numbers of dinners supplied to pupils in maintained Primary, and Secondary Schools on a day selected in each of the months of February and October, 1950, were as follows:—

	1950	
	February.	October.
Number of Kitchens	63	64
Number of children present in the schools on day selected	112,619	115,990
Number of pupils provided with dinners	42,953	43,893
Percentage of pupils who were supplied with dinners.	38·14%	37·84%
Number of Canteens	238	239
Number of Schools and Departments served	405	412

In addition, dinners were also supplied to the following:—

	1950	
	February.	October.
Direct Grant Schools	1,101	1,049
Day Special Schools	1,367	1,467
Nursery Schools	380	407
Nurseries administered by the Medical Officer of Health.	527	543
Occupational Centres administered by the Medical Officer of Health	70	90
Adults—Canteen and Teaching Staffs	4,080	3,941
	7,525	7,497

The total number of dinners supplied during the year was 10,828,702 (Children 9,886,549, Adults 942,153).

19. Canteens were also in service at the College of Commerce, ten Evening Institutes, and eight other Further Education Establishments.

20. The reduction in the number of meals served during the year caused serious concern and Heads of Schools and School Managers and Governors were asked to co-operate in ascertaining, if possible, the causes for the decline in the number of children taking school dinners and in encouraging more children to remain at school for dinner. Their reports indicated that the decline was due to a number of factors which were outside the control of the Committee. The main reason given for the decline was that fewer mothers are now working, with the result that a greater number of children obtain their mid-day meal at home. The main contributory reasons given were the increase in the charge for the meal from 5d. to 6d., as from the 1st January, 1950, in accordance with the provisions of Ministry of Education Circular 210; the improvement in the food situation generally, and the withdrawal of children from the free meals register because of the increased income of parents.

The Quality of Meals.

21. The effect of the reduction of the pressure on the cooking facilities caused by the opening of new Kitchens and the fall in the number of meals required, together with the increase in the number of Kitchen/Dining Rooms where meals are cooked and served on the premises, have made possible the general improvement in the quality of the meals which has been noted during the year.

Milk.

22. Milk for drinking is provided under the Milk in Schools Scheme, free of charge, and the number of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a day selected in each of the months February and October, 1950, were as follows:—

	1950	
	February	October.
No. of pupils taking milk ($\frac{1}{3}$ rd pint)	107,432	111,885
Percentage of pupils present supplied with milk ...	93·93%	94·92%

Prevention of Food Poisoning.

23. The year has been free from cases of food poisoning.

There are approximately 1,500 members of Kitchen and Canteen staffs in the Schools Meals Service who are actively engaged in the preparation and serving of meals. In view of the supreme importance of hygienic methods in the handling of food the Medical Officer of Health in collaboration with the Director of Education has arranged for a series of six lectures on Food Hygiene, to be given during the early part of 1951, to Kitchen and Canteen staffs in various areas of the City by Medical Officers of the Public Health Committee.

At the invitation of the Medical Officer of Health in November, a number of members of the staffs of Kitchens and Dining Rooms attended a public lecture demonstration and display of a film on Food Hygiene given by an Assistant Medical Adviser of the Central Council for Health Education.

Dietaries.

24. Since Vitamin "C" is still the most elusive of all the food constituents and is so vital to healthy growth, a further move has been made to ensure its adequate intake in the form of Rose Hip Syrup. This is served to the children in a variety of ways; "neat" as a jam sauce, added to stewed apples, prunes or dried fruit when the fruit has cooled, or as part of the sweetening in sauces and custards.

DEFECTIVE VISION.

25. At the periodic medical examinations the total number of children found to have some defect of vision was 7,163 (20·0 per cent.), of which 1,053 (2·9 per cent.) were of a minor degree and recorded for observation only. In addition, amongst the entrants 717 were found to have defective vision, mostly cases of squint.

The incidence of squint amongst the age groups inspected other than infants was 4·4 per cent., whilst that of the entrants alone was 5·9 per cent.

In addition to the cases of defective vision discovered as a result of the periodic examinations, 2,278 cases were seen as "specials".

The number of new cases treated under the Committee's scheme was 3,503, as compared with 2,445 during the previous year. The number re-examined at the clinics was 4,335. These numbers do not represent the total number of clinic attendances, since many children with amblyopia received intensive treatment, attending weekly, or oftener, over extended periods.

26. In the last two annual reports the Medical Officer has pointed out certain difficulties which have arisen in this service since the coming into force of the National Health Service, and these difficulties continue.

27. It will be seen from the foregoing statistics that the increase in the number of cases treated, as compared with the previous year, was very considerable. It is, therefore, all the more regrettable that the Ophthalmic Surgeons do not feel that this work is being carried out with the same efficiency as when the School Health Service was responsible not only for the prescription for the glasses, but also for their provision.

Dr. Black, one of the Ophthalmic Surgeons in his report calls attention to the great difficulty in having minor adjustments to glasses carried out, in comparison with the previous system of having a Dispensing Optician in attendance at the clinics. He also calls attention to the difficulties which arise when glasses, upon checking, are found to be unsatisfactory.

EAR, NOSE AND THROAT CONDITIONS.

28. Aural clinics are held at the Everton Road, Blackstock Street, Norris Green, Garston and Dovecot Clinics for the diagnosis and treatment of ear, nose and throat diseases.

29. Table 2 shows the types and numbers of cases treated at these clinics.

TABLE 2.

Aural Clinics.

Number of children who attended for treatment 997
 Total number of attendances at the clinics 4,274

Defect	Total	Dry or Healed	Im- proved or I.S.Q.	Exam. only No treatment given.	Still under treatment	Failed to complete treatment	Referred to Hospital or own Doctor	Referred to M.A.C. or other Clinics	Referred to School for Deaf
Acute Otitis Media	41	24	—	1	—	6	10	—	—
Suppurating Otitis Media ...	144	76	9	17	12	19	9	2	—
Chronic Suppurating Otitis Media ...	250	68	50	2	55	49	23	2	—
Mastoid Cavities	13	3	1	5	—	—	1	2	1
Middle ear inflammation with otorrhoea	One Ear	60	5	23	5	14	7	6	—
	Both Ears	45	7	14	3	5	4	4	3
Middle ear inflammation without otorrhoea	One Ear	23	1	11	4	1	3	—	—
	Both Ears	190	41	61	32	17	26	5	1
Outer ear inflammation	One Ear	12	—	—	8	1	—	—	3
	Both Ears	15	—	—	—	2	1	2	10
Algia and other conditions ...	170	65	10	66	3	16	5	5	—
Nose and Throat conditions ...	169	7	32	64	4	19	38	5	—
TOTALS ...	1,132	297	211	207	114	151	106	27	19

Minor Operations 62
 Referred to Alder Hey Hospital for Mastoid Operation 12

30. Since, generally speaking, otitis media (running ears) is a preventable disease, its incidence amongst school children should have a relationship to the success of any scheme of preventive medicine. In this

connection it is of interest to record that whereas in 1938 there were 2,830 cases discovered during the inspection of the school children, in 1949 this number was reduced to 1,898 and in the year under review there had been a further reduction to 1,592. In each of these three years the total numbers of children inspected were approximately the same.

There is no doubt that at least three different agencies have played their part in this reduction. In the first place the aural scheme which this Authority inaugurated must be credited with a considerable part of the success. A second factor is, no doubt, the general improvement in children's health as recorded in the section dealing with "Heights and Weights". Finally the new anti-bacterial drugs are playing a part as in the case of so many infectious conditions. Since otitis media is not only a disadvantage to the child itself as an illness, but also is often a forerunner of defective hearing, the improvement is indeed very worthwhile.

31. The opinion has been expressed by one of the doctors who conducts an aural clinic to the effect that where cases of otitis media do occur a higher proportion are responding to treatment, thus fewer are tending to lapse into a chronic stage.

32. There has been no change in the number of Aural Clinics or the general arrangements for conducting them. Mr. Courtenay Yorke attends these clinics regularly for the selection of cases for Tonsils and Adenoids operations. In this connection he states:—"My attitude towards operation is very conservative and especially where the symptoms are those of chronic rhinitis. This is one of the most troublesome complaints we have to deal with and is, in my opinion, only exceptionally due to tonsils and adenoids. We do not find local treatment for chronic rhinitis very successful and believe that general health and home conditions are largely responsible".

Mr. Yorke also carries out the ascertainment of the deaf and partially deaf pupils at these clinics, as well as advising on the treatment of aural cases.

- During the year twelve cases requiring radical mastoid operations were referred to Alder Hey Hospital.

33. At the periodic examinations of the pupils the number referred to the Consultant with a view to the necessity of treatment for unhealthy tonsils or adenoids was 1,326, which represents 2·8 per cent. of the children examined. The number requiring to be kept under observation was 2,883 or 6·1 per cent. In addition 408 children were presented as special cases, and of these 288 were referred for the Consultant's opinion.

34. During 1950, cases of enlarged tonsils or adenoids were treated at Rathbone Hospital. At the end of the year the waiting list contained approximately 250 cases.

The following table shows the number of cases treated during the year :—

TABLE 3.

Hospital.	Tonsils and Adenoids removed.	Tonsils only removed.	Adenoids only removed.	Totals.
Rathbone 	555	230	126	911

Gramophone Audiometer.

35. Early in the year a scheme for an accurate estimation of the hearing of all school children was inaugurated, the work being carried out by means of a gramophone audiometer under the supervision of one of the School Medical Officers. The intention is to examine all children in the 8-year-old age group each year, so that ultimately all children of the age of eight and over will have been tested by the gramophone audiometer.

The children, who are tested twelve at a time, listen to a gramophone record by means of headphones, each ear being tested separately. The test consists of a series of groups of three figures, two groups being spoken at each level of sound, and graded so that any loss of hearing can be measured. The children write down the numbers heard, and thus indicate when the figures spoken are below their hearing level. The actual testing is done at the school by a team consisting of a School Nurse and a Clerk.

The carrying out of this service has been greatly aided by the ready co-operation of the Head Teachers of the schools concerned.

The fact that a room of some considerable size, in as quiet a location as possible, is required, makes these examinations more difficult to arrange than the more usual medical and dental inspections. The greatest value of these tests lies in the opportunity which they give for the carrying out of remedial measures. Any appreciable degree of infection of the ear, nose or throat is liable at an early stage to indicate its presence by involving some loss of hearing. Where this testing has shown children to have a slight defect in their hearing many of the children themselves, or their parents and teachers, were unaware of any disability.

All children with any hearing defect are brought to the Aural clinic where they are subjected to very careful ear, nose and throat examinations, and in many cases it is found that the cause of their slight defect of hearing is still only in a very early stage and usually can be remedied.

Some cases have been found where the child has had a defect of hearing of a degree sufficient to have some bearing upon his education without the defective hearing having been previously suspected. Recognition of such a condition enables educational treatment to be advised so that the child's handicap is lessened.

36. Experience would indicate that it is quite probable that a second gramophone audiometer will be required to cover all the eight-year-old group annually. If the age group is not more or less completed annually the scheme will not, of course, achieve its purpose, viz.:—that every child at least once in his school life has a thorough investigation of his hearing.

Hearing Aids.

37. It was considered that the provision of hearing aids as provided under the National Health Service might play a large part in solving the problem of the partially deaf pupil.

The limited experience which we have had so far in Liverpool indicates that a routine provision of these instruments to children is not only unwarranted but can often be detrimental. In the case of older, intelligent children who can be given a prolonged course of instructions in the use of an individual aid, such an aid can be quite helpful. On the other hand, however, the technicalities of properly adjusting these aids are too much for the younger children. As an example of the latter, a child whose intelligence was distinctly above the average, was equipped with an aid, with the result that the school progress markedly deteriorated. Owing to the difficult adjustment the child's attention was distracted by her care of the instrument, by the innovation to her of background noises, and in no small degree by the attention of her fellows.

DENTAL INSPECTION AND TREATMENT

REPORT BY MR. T. H. PARSONS, THE SENIOR SCHOOL DENTAL OFFICER.

38. The following Table shows the work carried out under the dental scheme for the pupils attending the Primary, Secondary Modern, Grammar and Technical Schools:—

TABLE 4.

	1948	1949	1950
Number of children examined in school	120,540	68,474	51,683
Number of children requiring treatment	72,602 (60.1%)	43,936 (64.1%)	31,800 (61.5%)
Number of cases accepting treatment under the Dental Scheme	44,377 (61.1%)	25,724 (58.5%)	22,006 (69.2%)
Number of cases treated	40,139	25,852	20,314
Number of schools concerned	202	102	91

39. The review of the year's work of the School Dental Service can only take the form of a further chapter in the unhappy story of the deterioration of the scheme of preventive dental treatment which had

been steadily built up during the 20 years prior to the introduction of the National Health Service.

40. The disparity between the salaries of public dental officers and the earnings of private practitioners in the Health Service not only rendered it impossible to recruit additional whole-time staff during the year, but led also to the resignation of two more School Dental Officers, one of whom had been in the employment of the Authority for over 20 years.

41. With a staff which, at the end of the year, comprised 7 officers out of a total establishment of 19, and with private practitioners in many cases unable to provide emergency treatment for school children, preventive treatment in the clinics has, to a large extent, had to be foregone in order that attention could be concentrated on the relief of toothache. Furthermore, it has been found impossible to maintain that regularity of dental examination in the schools which is one of the most fundamentally important features of the School Dental Service and the interval between the examinations in each individual school has, through lack of staff, become extended from 9 months to an average of about 24 months. With such an unduly protracted interval, the number of permanent teeth which prove to be unsaveable on examination has, inevitably, considerably increased within the last year.

42. It is a matter, not only of regret, but of grave concern, that the benefits of free dental treatment which have been enjoyed by the remainder of the population have not been so readily available for the children and, for this reason, it is becoming apparent that the improvement in the standard of dental health of the nation for which the General Dental Service was intended and expected to bring about, will, in the long run, prove to have been to some extent illusory.

43. Dental decay, the most wide-spread of all diseases, tends, owing to the conditions of our civilisation, to be a continuous process; it is not, as are many other conditions, susceptible of complete and lasting cure, although much can be done by regular attention to limit its

development. The period of school life is, probably, that in which dental disease is most rampant and most destructive and any scheme of dental treatment of school children should be regarded as an unremitting fight against an implacable enemy. The lessened opportunity of examining the children at short intervals and, by early treatment, helping to build up resistance to the decay of teeth during these important years, because of the disintegration of the School Dental Service, may well result in a decline in their general standard of health owing to the oral sepsis which is developing amongst them, and will, at the best, have the effect of increasing the number, already far too great, of adolescent wearers of dentures.

ORTHOPAEDIC SCHEME.

44. There were 2,690 children under supervision at the three orthopaedic clinics, 1,058 of these being new cases, of which number 422 were seen at Walton Clinic, 295 at the Everton Road Clinic and 341 at the Dingle House Clinic. Altogether the children made 11,641 attendances either for examination by one of the surgeons or for massage and exercises.

Summary of Hospital Treatment, 1950.

Correction of deformities of feet or toes	...	...	27
Treatment of torticollis by operation	...	...	5
Osteotomy, arthrodesis or tarsectomy	...	...	17
Other operations	...	...	12
Other treatment	...	...	11
			72

45. The Child Welfare Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 3,799 instances, whilst 45 pairs of boots for wearing with apparatus were supplied. Their visitors also made many visits to parents in the case of 324 children regarding their non-attendance at clinics, and several hundred visits for other reasons connected with the work.

The accompanying table shows, in detail, the work carried out at the clinics:—

TABLE 5.

Cases dealt with under the Orthopaedic Scheme during 1950.

Defect-	Cases seen at Surgeons' Visits.				Massage and Remedial Exercises Department.			
	No. OF CASES		No. OF ATTENDANCES		No. OF CASES.		No. OF ATTENDANCES.	
	Clinic		Clinic		Clinic.		Clinic.	
	Dingle House	Walton	Everton Road	TOTAL	Dingle House.	Walton.	Everton Road.	TOTAL.
Infantile Paralysis	2	7	19	28	1	2	6	9
Birth Palsy ...	—	—	1	1	—	—	1	1
Spastic Paralysis	25	17	34	76	7	9	21	37
Rickets ...	126	193	43	362	22	35	4	61
Talipes ...	9	9	8	26	5	4	3	12
Spinal Curvature	17	26	27	70	11	19	17	47
Torticollis ...	9	14	16	39	3	4	6	13
Flat Feet ...	341	371	357	1069	120	127	128	375
Other deformities	103	112	167	382	23	35	48	106
Other defects ...	122	222	184	528	49	78	81	208
No orthopaedic defect found ...	38	58	13	109	—	—	—	—
TOTALS ...	792	1029	869	2690	241	313	315	869
					1966	2861	3051	7878

46. Mr. Dwyer, one of the orthopaedic surgeons to the clinics, reports that "The Orthopaedic Clinics are continuing to be well patronised by mothers and children. As I have said before, I am quite sure that the mothers prefer to bring their children to clinics of this type for consultation, rather than busy hospital out-patient departments.

The Clinic arrangements are such that it is possible to examine the child in a quiet atmosphere and one in which it is less likely to be frightened. Because of this, it is possible to study their gaits and disabilities more completely and one also has the opportunity of talking to the parents, which I think is greatly appreciated by all concerned. The appointment system in the Clinics works very satisfactorily.

The physiotherapists do good work in remedial exercises and much help is obtained from the Child Welfare Association Visitors in seeing that the children are properly fitted with appliances and shoe alterations which they require.

The only improvement I can really suggest is the placing of one of these Clinics further out, round about Penny Lane or in the Garston area. This would certainly make it much easier for a number of mothers to reach the Clinics."

MINOR AILMENTS.

47. For the purpose of organizing minor ailment treatment the schools are divided into 16 groups, based upon the Authority's 13 clinics. The doctor who carries out the periodic inspections in the schools in each group is in charge of the clinic for that group. Likewise, the school nurses attached to each of the clinics also, as far as is possible, carry out the various school nurses' duties in connection with their own group of schools. By organizing the work in this way the doctors and nurses are able to make further useful contacts with those parents who bring their children to the clinics.

48. At the minor ailment clinics 37,062 cases were treated during the year. The treatment of these cases necessitated 260,776 attendances, which average 7.0 per case treated.

There has been a small increase in the number of cases of ringworm of the scalp to 82 as compared with 76 during the previous year. Arrangements are made with the Newsham Hospital, Belmont Road, for the treatment to be carried out. Of the 82 cases referred to this hospital 64 were treated by means of X-rays and 18 with Thalium.

Of the 1,863 cases of skin conditions treated at the minor ailment clinic, 1,153 were cases of impetigo as compared with 1,229 in 1949. There was a marked decrease in the number of cases of conjunctivitis, the number treated being 915 as compared with 1,186 in 1949, whilst 709 children required treatment for blepharitis as compared with 771 during the previous year. There has thus been a considerable decrease in these three diseases.

49. Scabies continued its steady decline, from 1,226 in 1947, to 717 in 1948, to 202 in 1949 and 114 in 1950. All contacts were followed up, by which means 8 pre-school children and 3 adults were discovered to have scabies and were treated.

50. Of recent years painful warts on the feet, which are known as Verrucae, have become more prevalent. During 1950 a total of 392 cases of verruca were treated at the various minor ailment clinics. This number does not represent the total number of cases, since others, the number of which is unknown, were treated elsewhere. As a precautionary measure, the Head Teachers are advised to prohibit all cases from attending the swimming baths or from using the school shower baths, and temporarily to discontinue all bare-foot dancing.

UNCLEANLINESS AND NEGLECT.

Personal Hygiene.

51. The school nurses made 351,461 examinations of school children with regard to cleanliness, and altogether 24,849 children were found to show some evidence of verminous infestation or were very dirty. In the case of 953 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, and 629 children were cleansed by the parents and 324 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 13,479.

52. At the routine examinations in the schools 9.61 per cent. of the children were found to show evidence of infestation, the incidence being 4.77 per cent. in the case of boys and 14.5 per cent. in the case of girls. The results of the nurses' cleanliness survey show that 20.9 per cent. of the children were found at least once during the year to be infested. The difference between the routine examination figures and the "Survey" figures is probably due to the fact that at the routine examinations the parents are notified that their children are about to be examined, but they are not notified about the survey examinations.

53. Although the greater part of the cleanliness work is still carried out under powers conferred by the Liverpool Corporation Act, more use is being made of the powers given in Section 54 of the Education Act, 1944, and under this latter Act proceedings have been taken against nine families resulting in a conviction in each case.

54. The situation in regard to cleanliness has been greatly altered during the past ten years by the bringing into use of certain new insecticides, namely Lethane, D.D.T. and Gammexane. Before the advent of these insecticides there was no substance which could safely be applied to the hair and which could be guaranteed to kill all the lice. Since these insecticides can be obtained free of charge through the National Health Service it is felt that there are now no circumstances which excuse infestation with lice.

55. Miss Snoddon, the Superintendent School Nurse, in her report states:—"There is a tendency for the neglectful parents to use the Cleansing Stations for the cleansing of their children instead of using the new insecticides upon all infested persons in the home. There is still much neglect amongst what are known as 'problem families'. The children from these homes need much supervision and visits to the homes of such children are frequent."

The giving of health education talks to senior pupils by the School Health Visitors is being continued and expanded.

56. The question of children not obtaining sufficient sleep is again a matter of frequent comment in the Health Visitors' reports. One Health Visitor states:—"It is obvious from the facial appearance of some

children that they go to bed late in spite of the fact that the usual time they say they go to bed is 7 p.m. Some of the children say they stay up to listen to the wireless, others that they accompany their parents to the pictures. Part of the trouble lies in the fact that with so many families living in limited accommodation, noise and activity carried on by other members of the family, probably in the same room or next to the room in which the children are sleeping, prevents them getting the required amount of sleep necessary for their physical and mental wellbeing." Another Health Visitor working in a different type of school, commenting on this subject writes:—"On the whole the need for children to go to bed early is more understood by the parent, and to the child the effects on beauty and mental progress makes a very strong appeal."

57. The School Attendance and Welfare Department has co-operated with the School Health Service in investigating cases of neglect referred to them.

Mr. Houghton, the Superintendent of the School Attendance and Welfare Department, states:—

"During the year 1950, Special Officers of the Department have investigated over a hundred cases of alleged neglect or ill-treatment of children. Legal proceedings were taken in six cases. The results of the Court action taken were as follows:—

One case	...	...	...	imprisonment	6 months
Two cases	...	...	...	"	3 "
One case	...	...	...	"	2 "
One case	...	...	...	Probation	1 year
One case	...	...	...	Dismissed	"

Clothing.

58. It is pleasing to report that the clothing of the children is considered to be very much improved both in suitability of amount and in quality. The nursery and infant children, as well as the older girls, are much improved as regards neatness.

Footwear.

59. The question of footwear is still very bad. The cost of shoes is relatively high and those of moderate price are of extremely poor quality. The high cost of repairs results often in shoes only lasting a

matter of a few weeks. Increasing numbers of children are wearing Wellingtons as these are cheaper and last longer. The lack of suitable footwear is causing much unnecessary disability to children's feet.

CHILD GUIDANCE.

60. During 1950 the work of the Child Guidance Centre at 15 Falkner Square has been gradually extended. Mrs. E. B. Floyer continued on a part-time basis as Educational Psychologist until Mr. M. Chazan commenced his full-time duties on the 17th April. As will be seen from the statistics, the appointment of a full-time Psychologist has resulted in an increase in the amount of remedial teaching and, in addition, the undertaking of more group play therapy. Under present arrangements, Mr. Chazan is combining the duties of play therapist and educational psychologist, and this underlines the importance of having members of the staffs of Child Guidance Centres who can perform many of the varying services required. This does not remove the need for a full-time play therapist at the Centre in order that the facilities of the Centre can be extended.

61. A total of 134 cases (85 boys and 49 girls) attended the Centre for diagnosis and for treatment.

The number of attendances for treatment were:—

(a) Individual psychotherapy	...	...	500
(b) Play Group	...	...	223
(c) Remedial Teaching	...	...	231

The number of social visits to homes numbered 342, as well as 24 visits to schools. There were 8 special cases examined and reported upon at the request of the Magistrates of the Juvenile Court.

The problems of the cases as referred have been classified by the psychiatrists into the following categories:—

1. Nervous Disorders , such as fears, depression, seclusiveness, etc.	...	...	15
2. Habit Disorders and Physical Symptoms , such as disorders of speech, sleep, feeding, excretory system, hysteria, tics, etc.	...	...	36
3. Behaviour Disorders , such as aggressiveness, temper, jealousy, unmanageability, stealing, lying, truancy, etc.	...	...	67
4. Educational and Vocational Difficulties	...	...	7
5. Psychotic Behaviour	...	...	5
6. Other Cases	...	...	4

The age range of the new cases was as follows:—

Below 8 years of age ...	...	...	...	24
8 to 11 years of age ...	...	...	...	61
12 years of age and above ...	...	...	...	49

Of the 134 new cases investigated 24 per cent. were above average intelligence, 10 per cent. were average, and 66 per cent. were below average.

NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES.

1. Diagnosis and Advice :

(a) General advice to source of reference...	...	...	...	14
(b) Recommended for E.S.N. Special School	...	...	...	13
(c) Recommended for Maladjusted Special School	...	...	...	7
(d) Recommended for transfer to Clinic or Hospital	...	...	...	14
				48

2. Individual and Group Treatment :

(a) Satisfactorily adjusted	...	...	...	...	...	...	28
(b) Improved	...	...	...	...	...	...	17
(c) Not improved	...	...	...	...	...	...	2
							47

3. Withdrawn by parents before completion of treatment, or closed for lack of co-operation

22

62. Dr. Leveson writes: "The tendency for the general intelligence of the children referred for examination has continued to be on a low level. Many of these children, because of their inferior intellect, are unsuitable for psychotherapy as such. In spite of this, improvement has been effected in many cases largely as a result of advice to parents, adjustment in school, or general social guidance.

"Social visiting by Miss G. Foulkes has continued on a substantial scale in the absence of a psychiatric social worker. (A psychiatric social worker has now been appointed.)

"The investigation, started in 1949, of the electroencephalographic changes in children has been continued, and no fewer than 57 cases have been examined at the Royal Southern Hospital during the year. Very valuable information has been obtained in some cases as a result of this test.

“It is still felt that there are disadvantages in being unable to prescribe drugs from the Centre, and this has been particularly noted in relation to the above investigation.

“There has been a very close liaison between the Child Guidance Centre and Aymestry Court Special School for Maladjusted Children. The psychiatrists continued to attend and the educational psychologist has made regular visits, not only to test children but to give advice and assist in remedial teaching. In addition, cases discharged from Aymestry Court have been taken on for follow-up treatment at the Centre, and some of the parents of children resident in the school have been seen at the Centre largely because of its more convenient accessibility. The parents of these children require this attention whilst the children are in the residential school and there is a great need for follow-up treatment of these children after discharge from the school.

“The efficient organisation of the Centre and the smooth running of the work of the rest of the staff owe much to the devoted work of Miss Milne, whose clerical duties have become increasingly onerous.”

63. Some cases requiring Child Guidance Clinic treatment are referred to the Notre Dame Child Guidance Clinic and during the year 39 cases were referred. The Director of the Notre Dame Child Guidance Clinic reports as follows:—

“During the year under consideration 301 children have attended this Clinic for advice and/or treatment, 227 being new cases. Though this figure is slightly lower than those of the two previous years, the total number of interviews is approximately the same, since a relatively greater number have received treatment as distinct from diagnosis and advice. These figures are interesting in view of the increased facilities for Child Guidance provided in this area during the last two years.

“The age distribution of the new cases compares with that of 1949 as follows:—

					1950	1949
Secondary School age	...	...	...	...	35%	45%
Junior School age	...	...	...	...	38%	35%
Infant School age	...	...	...	...	20·5%	16%
Pre-school age	...	...	...	...	6·5%	4%

“ This reflects a small but significant increase in cases referred from Child Welfare Centres and Nursery Schools. Parents and family doctors have also referred more children of pre-school and Infant School age. As a result of this we have had rather more opportunity for doing preventive work in the early stages of these children’s development.

“ The distribution of intelligence in the new cases is according to Revised Stanford-Binet as follows:—

I.Q.				No. of Cases.
150—141	...	...	...	1
140—131	...	...	...	8
130—121	...	...	...	10
120—111	...	...	...	13
110—101	...	...	...	34
100— 91	...	...	...	44
90— 81	...	...	...	46
80— 71	...	...	...	34
70— 61	...	...	...	19
60— 51	...	...	...	5
Below 50	...	...	...	9
Not ascertained	...	...	...	4

Of the number of children quoted above, 51 are still attending for treatment and are making satisfactory progress.

“ The status at closure for the remaining cases falls into the following categories:—

Attended for diagnosis or advice only	...	...	...	...	...	...	63
Adjusted or improved...	...	...	...	...	...	...	63
Withdrawn by parents before completion of treatment or closed for lack of co-operation	...	...	...	...	...	...	43
Recommended for Residential Schools	...	...	...	...	...	...	2
Closed—not adjusted	...	...	...	...	...	...	5
							176

64. “ The facilities available at the Clinic during the past year have been augmented by a weekly session of remedial treatment for speech defects. There has been a considerable increase of cases requiring this service. Psychotherapy, group play therapy and speech therapy are available at the Clinic, singly or in conjunction according to the nature of diagnosis; the group play therapy is found in this, as in other problems, to be a valuable auxiliary to the more intensive treatment.

“The functions of the group playroom cover a broad field. They offer to the observer significant indications as to the personality, temperament and possible physical abnormalities of the child. To the child himself they offer opportunities for relaxation, aggression, regressive play, reassurance as to the Clinic's function and a chance of adjustment of social difficulties and relations with other children. Feelings of insecurity, inability to risk loss or inferiority in actual performance, inability to play with his own age group, or inability to use play materials at all are recurring elements in the field of unsatisfactory relationships. The uncritical atmosphere, the emphasis on encouragement, suitable praise, unobtrusive assistance in actual performance, and the use of situations involving help and the assurance of a proper evaluation of the child's efforts, are the tools at the disposal of playgroup work and the means of breaking some rather vicious circles of discouragement. Although lacking the objective criteria possible from the psychologist's and social worker's angle, observation of group play gives valuable pointers of progress towards adjustment. Spontaneous remarks from the child himself, changing attitudes, or an expressed conscious awareness give reasons of improvement.

“Viewing the shyness and inhibited approach towards group and playthings of a small newcomer, a child remarked with interest and great accuracy: ‘That's just how I was when I first came, but I'm not like that now.’ Criticism of the others is the first step. Self criticism, self awareness, realisation of the import of his own actions are the abstractions upon which the concrete improvement is So often the awareness is not spoken and may not be consciously recognised. But a pride in his own capabilities: ‘I've done that, let me show it to so-and-so’. ‘I'll show you how’, ‘I can do it’, a standing upon his own rights and a regard for those of others, seen in the frank bartering of materials or the bargaining over the preservation of some work under construction, all these mark the elements of integration which are taking place—the development of a measure of self confidence which will establish the child as a person and be a security against the pressure of further environmental difficulties.”

TUBERCULOSIS.

65. As a result of examinations made by the school medical officers, 478 school children were referred to the Tuberculosis Officers for investigation. The Tuberculosis Department also supplied reports upon 1,141 pupils who had been reported from various sources as possible cases of tuberculosis.

Dr. J. A. Rushworth, the Assistant Senior Medical Officer (Tub.), supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease at five-year intervals since the year 1928, as well as the figures for 1950.

The table shows a slight rise in the incidence of the disease, though there is a marked decrease in the number of deaths.

TABLE 6.
TUBERCULOSIS (NOTIFICATIONS), SCHOOL CHILDREN (5-15 YEARS).

		1950	1948	1943	1938	1933	1928
Males	{ Respiratory	56	36	34	59	126	215
	{ Non-Respiratory ...	21	33	59	55	135	122
Females	{ Respiratory	57	43	30	58	136	192
	{ Non-Respiratory ...	20	16	48	63	131	122
TOTAL		154	128	171	235	528	651

DEATHS.

		1950	1948	1943	1938	1933	1928
Males	{ Respiratory	1	2	4	3	10	12
	{ Non-Respiratory ...	2	9	10	5	17	19
Females	{ Respiratory	1	6	5	8	21	25
	{ Non-Respiratory ...	6	7	7	6	16	22
TOTAL		10	24	26	22	64	78

MISCELLANEOUS ITEMS.

(a) Infectious Diseases in Schools.

66. There were 4,296 cases of infectious diseases in school children reported to the Public Health Department during the year 1950, this being an increase of 487 cases as compared with the previous year, the increase being chiefly due to cases of measles and whooping cough. The downward trend in the number of cases of diphtheria, previously referred to, still continues; 109 notified cases (a decrease of 158 over the previous year) being reported. Scarlet fever also showed a decrease of 114 cases, measles an increase of 466 cases and whooping cough an increase of 233 cases. There was a slight increase in regard to mumps (20 cases) and chicken pox (40 cases).

It was not necessary to close any school or department on account of infectious disease during the year.

The arrangements made in previous years for the inoculation against diphtheria of children attending the schools were continued. Visits were paid to 91 primary schools, 3 secondary modern schools, and 1 grammar school, a total of 2,858 children being inoculated and 6,692 previously inoculated children received reinforcing injections, while, in addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City.

The proportion of children aged 5-15 years inoculated at the end of 1950 was 79·6 per cent. The accompanying Table is of interest. It shows, for a succession of years, the number of cases of diphtheria and deaths therefrom in children of 5-15 years both amongst inoculated and non-inoculated children as well as the marked reduction in the incidence of cases of diphtheria. This reduced incidence, it will be noted, has been most marked since 1943 when the percentage of immunised children had progressed past the 50 per cent. figure.

TABLE 7.

Diphtheria Immunisation in Liverpool.

CASES AND DEATHS IN INOCULATED AND NON-INOCULATED CHILDREN IN LIVERPOOL AT AGES 5—15 YEARS.

Year.	No. of Cases.		No. of Deaths.		Total accumulation of inoculated children 5-15 at the end of the year.
	Non-inoculated.	Inoculated.	Non-inoculated.	Inoculated.	
1932	1,852	11	90	—	—
1933	1,658	20	85	1	—
1934	1,622	37	90	—	—
1935	1,526	51	75	3	—
1936	1,218	51	76	1	—
1937	1,382	75	76	2	—
1938	1,270	83	68	2	—
1939	763	53	44	—	—
1940	1,107	49	61	—	—
1941	1,513	74	89	1	51,625
1942	1,328	87	53	—	64,582
1943	623	52	11	—	79,578
1944	375	37	12	1	80,951
1945	358	53	12	—	84,031
1946	241	28	5	—	89,600
1947	167	22	3	1	92,481
1948	123	6	2	—	97,193
1949	51	2	—	—	98,751
1950	22	1	1	—	100,905

(b) Vaccination.

67. The percentage of unvaccinated children amongst those examined at the periodic examinations in 1950 was 34·8.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. The present percentage of unvaccinated, however, is the highest recorded.

The percentages for the years under consideration were:—

In 1909	the percentage was	6·1
„ 1915	„ „ „	7·1
„ 1920	„ „ „	not available
„ 1925	„ „ „	16·3
„ 1930	„ „ „	19·1
„ 1935	„ „ „	22·7
„ 1940	„ „ „	23·4
„ 1945	„ „ „	31·0
„ 1946	„ „ „	28·8
„ 1947	„ „ „	24·6
„ 1948	„ „ „	31·5
„ 1949	„ „ „	31·4
„ 1950	„ „ „	34·8

(c) Employment of Pupils.

68. During the year a total of 3,405 children (3,023 boys and 382 girls) were engaged in part-time employment. The number employed was 262 more than for the year 1949, mainly owing to an increase of 294 in the number of boys who undertook employment. The school medical officers examined 1,435 children as to their fitness to undertake work and in 4 cases the undertaking of this part-time work was not recommened on medical grounds. Legal proceedings in respect of illegal employment of school children and contravention of the Bye-laws were taken in twelve cases.

Street Trading by persons under the age of 18 is now prohibited in Liverpool by Bye-laws which came into operation in April, 1948. Legal proceedings in respect of illegal street trading were taken in 5 cases.

During the year the Sub-Committee, dealing with the licensing of children, granted 100 theatrical licences. Children performing in Liverpool under licence are supervised by the Committee's Employment Officer. Dressing-rooms and lodgings are inspected and steps are taken to ensure that the conditions of the licence are observed. In all cases the School Medical Officers examined the children to ascertain that they were fit to take part in the entertainment.

(d) Children and Young Persons Act.

69. In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and district were submitted in 2,568 cases.

The Magistrates asked for special medical examinations to be carried out by the Education Authority in 83 cases for the following reasons:—

Ascertainment of Mental Ability	...	...	...	57
Maladjustment	...	...	...	8
Other	...	...	...	18
				83

(e) School Premises.

70. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises:—

Sanitary Improvements	...	...	...	...	...	20 schools
Playground repairs	...	...	...	...	...	6 „
Improvements and repairs to heating installations, etc.	...	...	...	...	...	13 „
New heating boilers	...	...	...	...	...	7 „
Installation of electric lighting	...	...	...	...	...	3 „
Miscellaneous improvements, e.g., classrooms, cloakrooms, windows, floor coverings, etc.	...	...	...	...	...	31 „

The City Architect also reports that work is in progress on the modernisation of the sanitary accommodation at the following schools:—
Clint Road, Newsham (Boaler Street) and Tiber Street.

NURSERY SCHOOLS AND CLASSES.

71. The demand for accommodation in the Nursery Schools and Classes continues to increase. Owing to the pressure on Infants' accommodation the Committee has found it necessary to close one of the

Nursery Classes in the Stockton Wood Road School at Speke and to arrange for the restriction of admissions to the Northway Class so that this may eventually be closed.

There are six nursery schools with accommodation for 470 children from 2 to 5 years old and 35 nursery classes in 26 Infant Schools with a total of 995 children between 3 and 5 years old, making a total of 1465 children. It is hoped that the Stanley House Nursery School will open during 1951 with accommodation for 40 children.

72. There are now 34 qualified teachers on the staff and 14 wardens. The supply of nursery helpers now meets the demand and it is the policy of the Authority that as far as possible, newly appointed assistants shall either have some qualification or be willing to train for the National Nursery Certificate Examination. A number of nursery assistants successfully completed the National Nursery Certificate course during the year.

73. The demand for nursery accommodation is increasing as more mothers, owing to financial strain, are finding it necessary to go to work.

74. During the year, 6 nursery schools and 35 nursery classes in 26 Infants' Schools were inspected from time to time by the School Medical Officers, who carried out a periodic medical inspection of 1,305 of the children attending these schools and classes during the year. Of the children so examined 964 were found to be vaccinated, while 341 children showed no evidence of vaccination. 597 children were found to have been immunised.

The General Condition of these children was assessed as follows:—

Pupils Inspected.	General Condition.		
	Good.	Fair.	Poor.
1,305	616	677	12

The School Medical Officers also carried out 349 re-inspection examinations of pupils found to have defects. In addition, 116 special examinations were made of children brought forward by the Teachers-in-Charge.

All the Committee's schemes of treatment are available for nursery school children.

The defects found at all the inspections are shown in Table 8.

TABLE 8.

Defect or Disease.								Requiring Treatment.	For Observation.
SKIN	...	...	...	...	Scabies			—	—
					Impetigo			1	—
					Others			5	15
EYES	...	...	...	...	Blepharitis			2	5
					Conjunctivitis			—	4
					Others			1	3
					Vision (wearing glasses)			—	1
					Squint (new cases)			44	27
					Squint (wearing glasses)...			5	26
EARS	...	...	...	...	Hearing			2	5
					Otitis Media			7	31
					Others			—	11
NOSE AND THROAT	...	...	...	...	Tonsils			22	95
					Adenoids			11	15
					T. and A.			8	16
					Others			7	37
					Cervical glands			1	31
SPEECH	...	...	...	...	Stammer			—	3
					Others			—	19
HEART AND CIRCULATION				...	Congenital			—	8
					Others			—	28
LUNGS	...	...	...	...	Pulmonary T.B.			2	15
					Bronchitis...			9	63
					Others			—	56
DEVELOPMENTAL	...	...	...	...	Hernia			2	11
					Others			1	45
ORTHOPAEDIC	...	...	...	...	Posture			—	4
					Flat Foot			18	24
					Others			26	42
NERVOUS SYSTEM	...	...	...	...	Epilepsy			—	1
					Others			—	8
PSYCHOLOGICAL	...	...	...	...	Development			—	4
					Stability			—	7
RHEUMATISM	...	...	...	...	Chorea			—	2
NON-PULMONARY T.B.	...	...	...	...	Glands			—	2
					Bones and Joints			—	3
OTHER DISEASES AND DEFECTS...					Debility			8	31
					Anaemia			1	8
					Others			5	58

HANDICAPPED PUPILS.

Blind Pupils.

75. Liverpool blind children are accommodated in various schools, as shown in the table below, since no Special School is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	6
St. Vincent's R.C., School for the Blind, West Derby	...				5
Sunshine Homes	...	...	...	...	6
Henshaw's School for the Blind, Manchester	...				5
Worcester College	...	...	...	...	1
Condoover Hall Blind Special School	...				3
Chorleywood College	...	...	...	...	2
					28

Partially Sighted.

76. Classes for partially sighted pupils were held in the following centres:—St. Anne's C.E. School, Christian Street, Underlea Day Open-Air School and Fazakerley Day Open-Air School. The number on rolls at these classes at the end of the year was 57.

Dr. Black has continued his supervision of these children by making regular examinations both at the school and at the Committee's Defective Vision Clinics. He has also continued his practice of giving informal talks to the teachers of the partially sighted classes.

In his report Dr. Black states that, as a result of the lifting of many restrictions, for instance, in the use of pen and paper, there has been no deterioration in the condition of any child's eyesight which could be attributed to these further activities. He reports an improvement in the lighting of the rooms used by the partially sighted classes as a result of his recommendations, and says that the work of these children in the schools has been made much easier. He further states, "One of the great disadvantages of the partially sighted classes is the large age range, i.e. from 5 to 16 years".

Deaf and Partially Deaf.

77. At the end of the year 1950 there were 134 deaf children and 55 partially deaf pupils attending Crown Street School for the Deaf, of

whom 101 deaf and 49 partially deaf were Liverpool children. There were also 17 deaf children attending deaf schools maintained by voluntary managers.

The number of children awaiting admission to the School for the Deaf was 10.

78. The Headmaster, Mr. N. Newport, reports that:—"In January 1950, a nursery class for 10 children was opened, and is being accommodated at present in the residential Hostel. Structural alterations are now being made, so that a self-contained nursery unit will very soon be available for these young children. The nursery class is proving of very real value, since it assures early training and education for deaf children from 3 years of age. A substantial amount of nursery activity apparatus has been provided and is most popular with the children. It gives the young ones self-confidence and independence and improves their sense of balance.

"The experimental individual sound and visual aid, which was set up last year, has proved very helpful, especially with the infant class, and at present 3 similar aids are being constructed. With this type of aid the child can see his own attempts to copy his teacher's speech movements and, if he has any residual hearing, he can hear his own efforts to reproduce speech sounds. This will help to give a more natural tone to his voice.

"Increasing use is being made of the visual aids which include a 16 mm. projector and a film strip and slide projector. Educational films are borrowed weekly from the Education Committee's film and film-strip library.

"During the year, a woodwork shop has been fully equipped and opened. A trained teacher of the deaf, who specialises in teaching woodwork, takes classes each day for boys, from the age of 10.

"Provision is made for teaching lip-reading to partially deaf children attending other schools, including those for other types of handicap. They attend the Annexe in Melville Place where lip-reading classes are held for children who, whilst they have some defect of hearing, are still able to be educated in a school for hearing children. These pupils

attend, on 2 half-days weekly, for lessons in lip-reading. We find that this training gives the children confidence and faith in their ability to overcome their handicap. This training is proving to be a valuable part of the work which is being done for the welfare of the deaf school child.

“40 senior children attended a combined school camp, and spent a very happy week at Dyserth with other deaf children from schools at Bolton and Doncaster. Another group of children, intermediates, spent a week in camp at Clawdd Newydd, near Ruthin. A group of children from the School for the Deaf, Leeds, joined our party, and we all enjoyed a very happy week.”

The Hostel in Oxford Street has had an average of 57 children in residence; and every effort is made to give them as full a life as possible. Their record of good health has been maintained.

A course of lectures has been given to the parents of the children on the education and behaviour problems of the deaf child, and they were much appreciated.

Epileptic Pupils.

79. The Committee has no residential school for epileptic pupils. The 41 epileptic pupils at the end of the year were placed as follows:—

Maghull Home for Epileptics	7
Colthurst School for Epileptics... ..	7
Other types of Special Schools... ..	12
Awaiting admission to Epileptic Schools	13
Recommended for home teaching	2
	41

Delicate Pupils.

80. The number of delicate pupils on the rolls of each of the three day open-air schools at the end of the year was as follows:—

Fazakerley Open-Air School	240
Underlea Open-Air School	177
Margaret Beavan Open-Air School	53

81. Miss E. A. Anderson, the Head Teacher of the Fazakerley Open-Air School writes:—"98 children left the school during the year, either for work or ordinary schools.

"The after-care Committee continue to do useful work and visit all physically handicapped cases at their homes."

82. Miss G. M. Robertson, Head Teacher of Underlea Special School, reports there have been 80 discharges and 80 admissions of new cases most of whom suffer from chest disease.

The school is much indebted to the staff and students of the Barkhill Physical Training College for their help in improving the general condition of the children which has resulted in better attendance.

Physically Handicapped.

83. At the end of the year 127 children were in Hospital Schools, 92 at Alder Hey Hospital and 35 at Olive Mount Hospital. The physically handicapped pupils in attendance at day special schools numbered 209 at the year's end, and these pupils were placed as follows:—

Margaret Beavan	...	...	...	...	108
Windsor Street	...	...	...	...	91
Fazakerley	...	...	...	...	8
Underlea	...	...	...	...	2
					209

A certain number of delicate pupils will be found at schools for physically handicapped children; similarly, a number of physically handicapped children are at open-air schools. This situation has arisen as a result of an attempt to avoid children being required to travel very long distances. This particularly applies to families living in the new suburbs.

84. Mr. O. Roberts, the Head Teacher at the Margaret Beavan Open-Air School, writes:—"The movable canvas screens fronting the rest room have been removed and replaced by a permanent glass structure. Additional heating has been installed in the room and the children now rest in quietness and comfort.

“Where permitted by the Medical Officer, swimming instruction is given to both boys and girls. The number of such children is small but six beginner's certificates were gained during the season.

“Classes have been reorganised to allow a closer age spread throughout the school. All classes are now mixed boys and girls giving an age range of eighteen months in each class.

“Senior girls are now given instruction in woodwork. The course is not designed to give a thorough grounding in woodwork but to give the girls confidence in handling edged tools and develop their ability to tackle simple household tasks involving a knowledge of tools.

“The ‘After-Care’ Committee of thirteen members functions with enthusiasm and efficiency. I cannot speak too highly of the sacrifices made by its members in visiting, in all weathers, children who have left school. The regular reports of children succeeding in their employment are most encouraging.”

85. Miss K. M. Lewendon, The Head Teacher of the Windsor Street Special School, writes:—“Twenty-two children left during the year to take up employment and thirty-two were fit to return to their own schools.

“Arrangements were made for some of the senior girls to attend housecraft lessons and these were greatly appreciated.

“There have been several interesting school visits in 1950, undertaken by the senior boys and girls, to places of interest in the City.

“Educational progress has been good. It is worthy of note that, as a result of some experimental work in reading with one class, there was an average improvement of 1 year 6 months in reading attainment over a period of nine months, and five boys improved more than two years in attainment in that period.”

This school moved, in January, 1951, to much more suitable premises in Dingle Lane.

86. Mrs. H. Stopforth, the Head Teacher of the Liverpool Children's Rest School of Recovery, Greenbank Lane reports:—“We have a

number of children suffering from Coeliac Disease. Two of these children were admitted in the advanced stages of this disease. However they are all improving under strict diet.

“The school brake, kindly provided by the Trustees, has proved invaluable. The joy given to these severely handicapped children each Saturday afternoon when visits are made by the whole school, in relays, to the sweet shop, the Library and places of interest and amusement, testifies to the need for such a vehicle as part of the equipment of the school.”

Pupils Suffering from Cerebral Palsy.

87. There are 199 cases of children with Cerebral Palsy in the City and the following is a table giving their placements:—

Attending Ordinary School	...	...	...	...	54
In Greenbank School	...	...	...	...	15
In other Special Schools	...	...	...	...	48
Not attending School	...	...	...	...	72
Recommended for admission to Day Special Schools for the educationally sub-normal	...	...	...	...	4
Recommended for notification to the Local Mental Deficiency Acts Authority :					
(a) for supervision	...	...	...	...	1
(b) as ineducable	...	...	...	...	5
					199

The organisation of the Spastic Unit continues the same as in the previous year. Nine children have been discharged from the unit, two of them returning to ordinary school where they are said to be progressing very well. The remaining seven have been transferred to day special schools for physically handicapped pupils.

All these cases are reviewed at regular intervals, by the Doctors of the Panel, in order that their progress may be assessed, and to decide when they are fit for transfer to other schools.

It is proposed to make a film showing the activities of these handicapped children at various stages during their treatment, and it is hoped that, when this can provide a continuous record of a child's progress, it will be a valuable contribution to the management of Cerebral Palsy.

The Physiotherapy Room is now very comprehensively equipped and the results with most of the cases continue to be most encouraging.

88. The accompanying return shows the results of the examinations made by the approved medical officers of children referred with various physical handicaps:—

Delicate and Physically Handicapped Pupils.

Recommended for day open-air school	...	...	...	...	...	...	...	148
Recommended for residential open-air school	...	...	...	...	...	...	...	—
Recommended for day special school for physically handicapped pupils	...	...	...	...	...	...	...	80
Recommended for boarding special school for physically handicapped pupils	...	...	...	...	...	...	...	24
Unfit for any school	...	...	...	...	...	...	...	8
Recommended for home teaching	...	...	...	...	...	...	...	13
Decision postponed	...	...	...	...	...	...	...	5
Referred to hospital	...	...	...	...	...	...	...	3
Remain in ordinary school	...	...	...	...	...	...	...	117

Epileptic Pupils.

Recommended for boarding special school for epileptics	...	...	...	...	...	...	...	7
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EDUCATIONALLY SUB-NORMAL PUPILS.

89. The Authority has four boarding schools for educationally sub-normal pupils (two schools for boys and two for girls) with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	...	...	...	72
Hightown School, Hightown, for Boys	...	...	...	...	...	60
Knotty Ash, for Girls	...	...	...	...	...	40
Oakfield, Gateacre, for Girls	...	...	...	...	...	30

90. The Authority also maintained 16 educationally sub-normal pupils at other boarding schools, 6 at Pontville Roman Catholic Special School, 8 at Allerton Priory Roman Catholic Special School and 2 at Bedford Court Roman Catholic Special School, Worcestershire.

91. There are six day special schools and two special classes for educationally sub-normal pupils with accommodation for 840 pupils. The schools are Queensland Street, Northumberland Street, Richmond, Kilrea Road, Clubmoor (Abingdon Road and Higher Lane Extension), and Stoneycroft, whilst the classes are at Banks Road and Grant Road Schools.

92. Miss Travis, the Head Mistress of Crookhey Hall School, has this year in her report reviewed the work of the past 10 years at the school as follows:—"The advantages of residential life for the retarded child are overwhelming. Crookhey Hall is a school plus a home where children live and learn and enjoy life in a community amid lovely surroundings. The 'dunce' of the old primary school soon becomes a very important person. There are special jobs to do. His mental powers are awakened to the fact that work has to be done. The energy used once for destruction in the City's streets is now turned to construction. Outside in the kitchen garden under a competent Instructor, the boys sow and reap £200's worth of vegetables each year. The felling of trees and clearance of the football pitches, the flower borders appearing round the House and the work on their own allotments, testify to the love these boys have of the ground.

"But the scholastic work of the school takes pride of place. Reading, writing, and arithmetic—they are the subjects that come first in the curriculum because, more than anything else, they help to build up the boy's self-confidence, giving him the ability to take a fair share in the ordinary everyday life of the community.

"Wherever the boys can make contact with local life they are encouraged to do so. It all helps to eliminate the inferiority complex with which they arrive at Crookhey. Many boys who have remained at Crookhey for three to four years have shown such improvement that they were able to go back to their ordinary school and enter competitive life there with confidence.

"One of the most outstanding features is the physical condition of the boys. There has not been one case of infection over the period of ten years. When competing with a Lancaster Boxing Club, it was found that Crookhey boys were a stone heavier and inches taller than boys of their own ages. The fresh air, suitable diet and rest, plus plenty of good exercise which help to build up the once weak frame, may well develop the retarded brain at the same time.

"The new workshops are now opened and fifty-six boys are under instruction for Wood and Metal Work and Boot Repairing.

“The majority of boys leaving choose to stay and work on the local farms. Many are so placed each year and it is gratifying to see these prosperous young farmers returning to their old School for a game of billiards, etc.”

Again this year four boys have reached the attainment standard at which they are considered suitable for return to ordinary school.

93. The results of the examinations made by the Approved Officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Educationally Sub-Normal Pupils.

Recommended for day special school	...	...	...	...	...	...	...	357
Recommended for boarding special school	...	...	...	...	...	...	...	53
Recommended for special educational treatment in ordinary school	...	...	...	...	...	...	...	25
Examined and found to be mentally normal	...	...	...	...	...	...	...	15
Decision deferred	...	...	...	...	...	...	...	31
Referred to Child Guidance Clinic	...	...	...	...	...	...	...	16
Fit to return to ordinary school	...	...	...	...	...	...	...	6
Educationally sub-normal—to remain in ordinary school without special educational treatment	...	...	...	...	...	...	...	66
Recommended for admission to boarding special school for maladjusted pupils	...	...	...	...	...	...	...	5
Recommended for notification to the Local Mental Deficiency Acts Authority—								
(a) for supervision 57(5)	...	...	...	...	...	...	...	94
(b) as ineducable 57(3)	...	...	...	...	...	...	...	110
(c) as inexpedient 57(4)	...	...	...	...	...	...	...	—

Maladjusted Pupils.

94. There were 30 boys in the Aymestry Court Residential School for Maladjusted Boys and, of these, 7 boys were from the areas of other Education Authorities.

95. Mr. W. J. Carman, the Head Master of the Aymestry Court Residential School for Maladjusted Boys, reports:—“During the year Mr. Chazan has taken up duty at the Child Guidance Clinic and has been visiting the school on one afternoon per week. The reports he has submitted based on Educational Testing, together with assistance in remedial teaching in the case of some of the very backward boys have been most valuable. It is very encouraging to note the increasing interest the boys take in their school work and their very real pleasure when they are enabled to overcome fundamental weaknesses in the basic subjects. There can be no doubt that educational progress is an important stabilising factor and does much to produce confidence and a saner outlook on life.

“The cultivation of hobbies and interests continues to be an important aspect of our work, and weaving, cane-work, clay modelling and gardening figure not only in the school curriculum but also as spare time activities. Nature study, with emphasis on aquaria, retains its popularity and the sea water aquarium acquired as a result of our camp in the Isle of Man holds a prominent place in the interests of both staff and boys.

“The Public Baths are visited twice a week at least throughout the whole of the year and most of the boys have learnt to swim. Cricket and football matches are played regularly with local teams and although the record of wins is very low it is gratifying to report that most of the boys take their turn in the teams and their enthusiasm remains unimpaired. The House System continues to be very popular and proves useful in many ways.

“The School Camp, held for the first time in 1950, was very successful and it is intended to repeat the venture next year and no doubt it will become an annual event.

“The health of the boys has been consistently good and the attention of the school nurse who regularly visits the school is mainly concerned with the treatment of the inevitable cuts, warts and chaps. Very rarely have the services of the doctor been required and we were fortunate in completely escaping the recent influenza epidemic.

“Recently we have started holding monthly conferences of the teaching staff with Dr. Leveson and Mr. Chazen at which each boy's case is reviewed and progress recorded on a special Report Card and the question of the disposal of the children on leaving school is decided.

“The average length of stay has been 15 months, with a range of from 2 months to 28 months.

“Once again it is pleasing to be able to express appreciation of the work of the staff. Children of this type make big demands upon those charged with their care and I am particularly happy to be able to place on record my appreciation of the loyal and willing co-operation which has been forthcoming.”

Speech Therapy.

96. The Speech Therapy Clinic has remained closed since the end of July 1949 owing to the resignation of the Speech Therapist and the inability to obtain the services of a successor.

Medical and Dental Arrangements.

97. The routine medical examinations and the general medical care of the special schools outside Liverpool is carried out by local medical practitioners, whilst specialist and dental treatment is provided either under the Local Authorities' arrangements or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	...	146
Tonsils and Adenoids	...	...	...	...	...	...	...	10
Aural conditions	...	...	...	...	...	...	...	26

whilst children suffering from minor ailments were treated at the schools.

98. The following table shows the work carried out by the dental staff of the School Health Service at the Special and Approved Schools:—

TABLE 9.

	Special Schools.	* Approved Schools.
Number of inspection sessions	9	2
Number of treatment sessions	18	6
Total number of sessions	27	8
Number of children inspected	592	112
Number of children requiring treatment	254 (42·9%)	46 (41·0%)
Number of children treated	323	40
Number of attendances made for treatment	376	40
Number of teeth extracted	662	35
Number of teeth filled	28	16
Number of other operations	24	18
Number of administrations of general anaesthetics	328	19

* On behalf of the Children's Committee.

EMPLOYMENT OF HANDICAPPED PUPILS.

The following is extracted from the Report of the Youth Employment Service for the year 1950:—

99. “ Even for the normal child the transition from the sheltered life at school to the much more complex field of employment requires many adjustments. It will be readily understood, therefore, that for handicapped boys and girls the stage of leaving school, where the environment has been specially created to meet their needs, brings problems which may well be of major importance in their lives because they must endeavour to find a place in the world of industry where, generally speaking, all are required to fit into the prevailing conditions. More than twenty years have now elapsed since the Liverpool Education Committee reached the conclusion that it was essential to supplement the special educational provisions for handicapped boys and girls by providing also a special section of the Youth Employment Bureau to give vocational guidance to such young people and to assist them in overcoming some of the difficulties they encounter at the time of leaving school and until they reach the age of eighteen years.

100. “ The contacts between the Vocational Guidance Officer for the Handicapped and the Special Schools is now so close that few children fail to apply to the Bureau within a week or so of leaving school and almost immediately should they, for any reason, become unemployed. In addition, arrangements are made for other handicapped children who have attended ordinary schools to be referred to this Section, and the Chief Assistant School Medical Officer furnishes his report on their limitations. Moreover, the specialised attention given to the handicapped has become so well known throughout the City that Doctors, Personnel Officers and other agencies frequently refer to the Bureau those in need of special consideration. Hospital Almoners are particularly co-operative, not only in referring to the Bureau individual boys and girls who have had hospital treatment, but in transmitting personal and medical information likely to be of assistance in arriving at a better understanding of the problems. It is not surprising, therefore, that during the twelve months covered by this Report no fewer than 700 handicapped young people (401 boys and 299 girls) have been dealt with in the Special Section of the Bureau. An analysis of these young

people according to the Ministry of Education classification of types of handicap is set out below:—

Disability.	School Leavers.				Having Worked.				Total.
	Special School.		Others.		Special School.		Others.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Blind ...	2	1	—	—	—	—	—	—	3
Partially Sighted ...	2	3	2	4	—	3	9	7	30
Deaf ...	2	3	—	—	5	—	—	—	10
Partially Deaf ...	1	2	—	1	—	2	3	2	11
Delicate ...	15	13	8	9	24	11	19	21	120
Diabetic ...	—	—	1	1	—	—	—	1	3
Educationally sub-normal ...	95	55	4	—	66	23	5	6	254
Epileptic ...	3	2	1	2	3	2	7	5	25
Maladjusted ...	—	—	—	—	—	—	6	6	12
Physically Handicapped ...	21	18	27	31	23	18	45	47	230
Speech defects ...	—	—	1	—	—	—	1	—	2
TOTALS ...	141	97	44	48	121	59	95	95	700

“These young people were handicapped in many different ways, from diabetes to spinal injuries; from dwarfism to spastic paralysis. The largest numbers, however, were classified in the following groups:—

	Boys	Girls	Total
Educationally sub-normal ...	170	84	254
Heart disability ...	44	39	83
Bronchitis and Asthma ...	37	30	67
Debility and Malnutrition ...	18	16	34
Epilepsy ...	12	13	25

101. “The relatively high number of boys and girls with some form of heart disease (some congenital; many of rheumatic origin) is a feature that regularly emerges, and this group of children present considerable difficulties, particularly in so far as boys are concerned. All too frequently boys are encountered who have developed heart trouble in later childhood as a result of rheumatic diseases. Many of these

boys had previously led an active life and are temperamentally unsuited to light sedentary occupations, as well as being lacking in the abilities and educational qualifications to succeed in them. The boy, for instance, of mediocre intelligence and little manual dexterity presents a difficult problem to the Vocational Guidance Officer when he requires employment involving little physical exertion, especially at a time when there is a surplus of boys educationally better qualified. During the twelve months under review, however, it was possible to place forty-two boys with varying degrees of heart disease in twenty different types of employment.

Girls handicapped by heart disease present a less acute problem in that for them opportunities for employment calling for little physical exertion are much more numerous. Twenty-four girls suffering from heart disease were placed in eighteen types of work.

102. "The Specialist Officer made fifty visits to Special Schools for the purpose of giving vocational guidance to boys and girls in joint consultation, where possible, with the Head Teacher, the School Medical Officer and the parent. 120 boys and 84 girls were interviewed at school in this way, and it is gratifying to be able to record that, notwithstanding present-day domestic difficulties, 93 of these young people were accompanied by one or both parents. Because experience shows co-operation by parents to be so essential in dealing with the handicapped, visits have been made to the homes of as many as 324 of the boys and girls during the period to discuss their problems with the parents and to gain a better understanding of the home environment. It can unhesitatingly be stated that to this close contact with, and understanding of, the homes may be attributed a large measure of the success of the work on behalf of this section of the community. That it is appreciated is clearly demonstrated by the fact that no fewer than 376 visits have been made to the Bureau by parents themselves because of their genuine desire to co-operate with the department in the efforts on behalf of their handicapped children.

103. "There has been increased difficulty during this period in finding suitable openings for handicapped boys and girls in consequence of the generally more restricted demand for young workers in the City.

All possible means have been used of securing suitable openings into employment, including personal canvassing of employers. One hundred and forty-one firms have been specially visited in this way to discuss the possibility of engaging a handicapped boy or girl; in many cases with successful results. During the period under review it was possible to place 343 boys and 256 girls, a total of 599 handicapped young people.

104. "On the 31st July, a total of 379 young people in Liverpool were registered under the Disabled Persons (Employment) Act, of whom 186 were boys and the remaining 193 were girls. This figure varies only slightly at any time for, although over 200 additions to the Register were made during the period, an almost equal number were transferred to the Employment Exchange on attaining the age of eighteen years.

105. "The continued heavy measure of unemployment amongst adults in the City and the relatively high number of normal young people available, particularly boys, has limited to some extent the placing work on behalf of the handicapped during the past twelve months. Nonetheless it will be clear from this Report that the work in this Section of the Bureau has made no small contribution towards enabling many handicapped boys and girls to overcome most, if not all, their difficulties in the transition from school to employment and thus taking the step towards finding an appropriate place in the community."

W. M. Ingham

*Medical Officer to the
Education Authority.*

MINISTRY OF EDUCATION.

**MEDICAL INSPECTION RETURNS,
YEAR ENDED 31st DECEMBER, 1950.**

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).**

A.—PERIODIC MEDICAL INSPECTIONS.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants	...	...	...	...	...	...	...	...	11,835
Second Age Group	...	...	...	...	...	...	...	...	9,986
Third Age Group	...	...	...	...	...	...	...	...	11,684
TOTAL ...									33,505

NUMBER OF OTHER PERIODIC INSPECTIONS	...	...	...	...	...	...	...	...	14,115
GRAND TOTAL									47,620

B.—OTHER INSPECTIONS.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	...	...	50,975
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	...	...	87,903
TOTAL ...									138,878

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
ENTRANTS ...	156	1,792	1,941
SECOND AGE GROUP ...	1,242	1,364	2,488
THIRD AGE GROUP ...	1,838	1,015	2,717
TOTAL (PRESCRIBED GROUPS) ...	3,236	4,171	7,146
OTHER PERIODIC INSPECTIONS ...	1,717	1,555	3,152
GRAND TOTAL ...	4,953	5,726	10,298

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December 1950.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Number of Defects.		Number of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	202	510	2,243	43
5	Eyes—(a) Vision	4,953	833	1,808	218
	(b) Squint	1,874	397	470	36
	(c) Other	169	233	3,471	60
6	Ears—(a) Hearing	155	226	120	53
	(b) Otitis Media	233	428	907	24
	(c) Other	126	398	1,984	51
7	Nose or Throat	1,525	3,510	285	238
8	Speech	69	311	36	98
9	Cervical Glands	102	817	14	58
10	Heart and Circulation	2	1,183	6	101
11	Lungs	216	1,378	48	152
12	Developmental—(a) Hernia	39	161	—	3
	(b) Other	76	738	9	48
13	Orthopaedic—(a) Posture	146	588	13	65
	(b) Flat Foot	392	716	58	37
	(c) Other	575	825	91	86
14	Nervous System—(a) Epilepsy	7	104	7	16
	(b) Other	15	213	7	40
15	Psychological—				
	(a) Development	218	466	126	112
	(b) Stability	28	168	36	44
16	Other	342	1,679	28,198	534

**B.—Classification of the General Condition of Pupils Inspected during the Year in
the Age Groups.**

Age Groups. (1)	Number of Pupils In- spected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	11,835	5,225	44·2	6,427	54·3	183	1·5
Second Age Group...	9,986	4,174	41·8	5,646	56·5	166	1·7
Third Age Group ...	11,684	5,085	43·5	6,515	55·8	84	·7
Other Periodic Inspections	14,115	5,923	42·0	8,024	56·8	168	1·2
TOTAL ...	47,620	20,407	42·8	26,612	55·9	601	1·3

TABLE III.

Infestation with Vermin.

(1) Total number of examinations in the schools by the school nurses or other authorized persons	351,461
(2) Total number of individual pupils found to be infested	24,849
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	240
(Liverpool Corporation Act, 1921)	713
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)... ..	92
(Liverpool Corporation Act, 1921)	232

TABLE IV.

TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	87
(ii) Body	137	1
Scabies	114	1
Impetigo	1,153	—
Other skin diseases	710	7
TOTAL	2,114	96

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	3,472	27
Errors of Refraction (including squint)	7,838*	39
TOTAL	11,310	66
Number of pupils for whom spectacles were—		
(a) Prescribed at School Clinics	6,072*	—
(b) Obtained... ..	Not known	—
TOTAL	—	—

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
Received Operative Treatment—		
(a) for diseases of the Ear	62	37
(b) for Adenoids and Chronic Tonsillitis	—	978
(c) for other Nose and Throat conditions	—	32
Received other forms of treatment	3,961	—
TOTAL	4,023	1,047

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-patients in hospitals ...	559	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or Out-patient departments	2,690	11

Group V.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	134	33
Number of pupils treated at Child Guidance Clinics ...		

Group VI.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
	—	1
Number of pupils treated by Speech Therapists ...		

Group VII.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
	27,992	589
(a) Miscellaneous minor ailments		
(b) Other (specify)		
1. Heart, including rheumatism and chorea ...	—	285
2. All surgical conditions excluding Tuberculosis	—	405
3. Chest conditions excluding Tuberculosis ...	—	153
4. Tuberculosis, chest and "surgical" ...	—	51
5. Nervous condition	—	29
TOTAL	27,992	1,512

